

Name  
in  
Full

CERTIFICATE OF DEATH

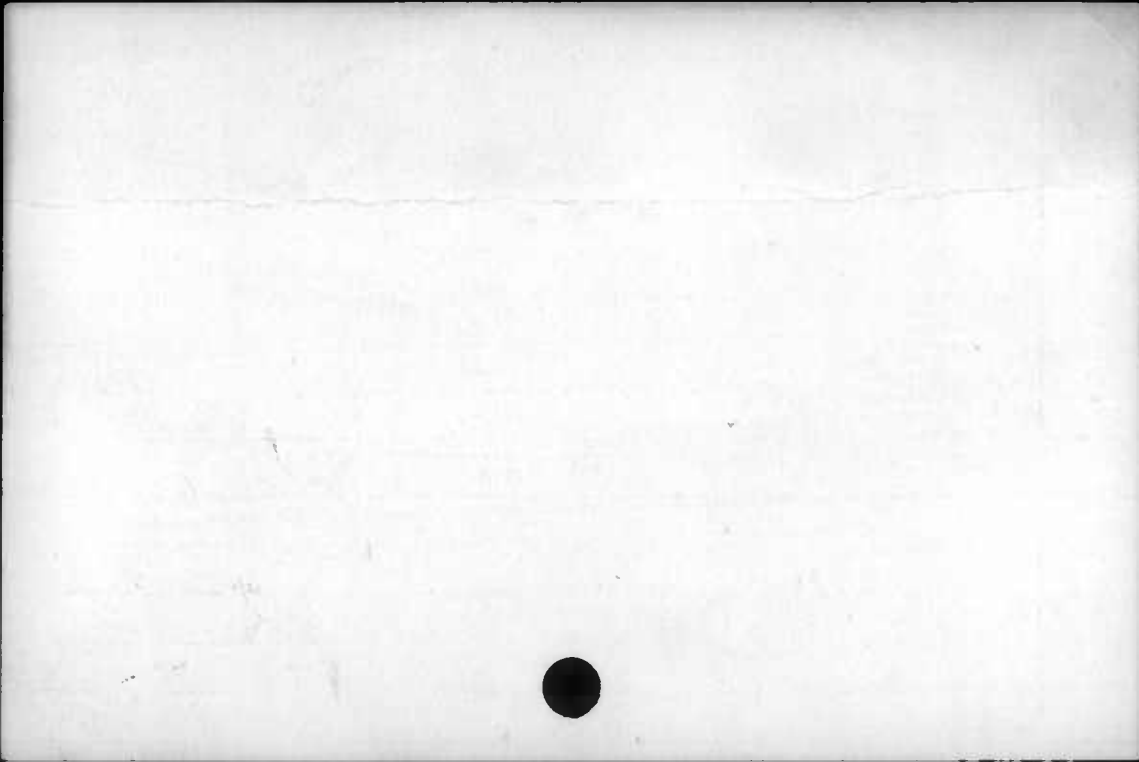
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Farmington Hgts</i> Town		<i>P. M.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>30</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>M</i>	Color or Race <i>C</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm. H. Addison</i>			Father's Birthplace <i>S. C.</i>		
Mother's Maiden Name <i>Fannie Johnson</i>			Mother's Birthplace <i>N. Va</i>		
Name of person giving information <i>Wm. H. Addison</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Full Birth</i>	<i>S</i> How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician <i>W. W. Jones</i>	Address <i>Leewood Hgts, P. C.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Charles Francis Allen</i>		Town <i>Westphalia</i>		County <i>P. As Co.</i>		State <i>MARYLAND</i>	
Died at <i>Westphalia</i>		Month <i>Dec</i>		Day <i>13<sup>th</sup></i>		Years <i>6 yrs</i>	
Date of death <i>1908</i>		Age <i>6 yrs</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Willie Allen</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Emily Aden</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>W. H. Aden</i>		How related to deceased <i>Stepfather</i>					

## CAUSES OF DEATH

(6)

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>2 wks</i>
Immediate <i>Cold. no hbr in attendance</i>	How long <i>evidence</i>
Are the name, age, sex, color, date and place correctly given above? <i>Stepfather</i>	Signature of Physician <i>John Sausbury</i>
	Address <i>Forestville Md.</i>
Accident or Suicide	



Name  
in  
Full

Eliza J. Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Capital Heights</i> <sup>Town</sup>		<i>Prince Georges</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>8</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	Age <i>72</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>home duties</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>J. M. Baker</i>				
Father's Name <i>—</i>	<i>Sprall</i>			Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Eliza Sprall</i>				Mother's Birthplace <i>Md.</i>	
Name of person giving information <i>Harry L. Baker</i>				How related to deceased <i>son.</i>	

## CAUSES OF DEATH

78

PHYSICIAN  
OR CORONER

Primary <i>endocarditis</i>	How long <i>unknown</i>
Immediate <i>syncope</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J M Brady</i>
	Address <i>Kensington, D.C.</i>
Accident or Suicide? <i>—</i>	

W. Sardo & Co

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

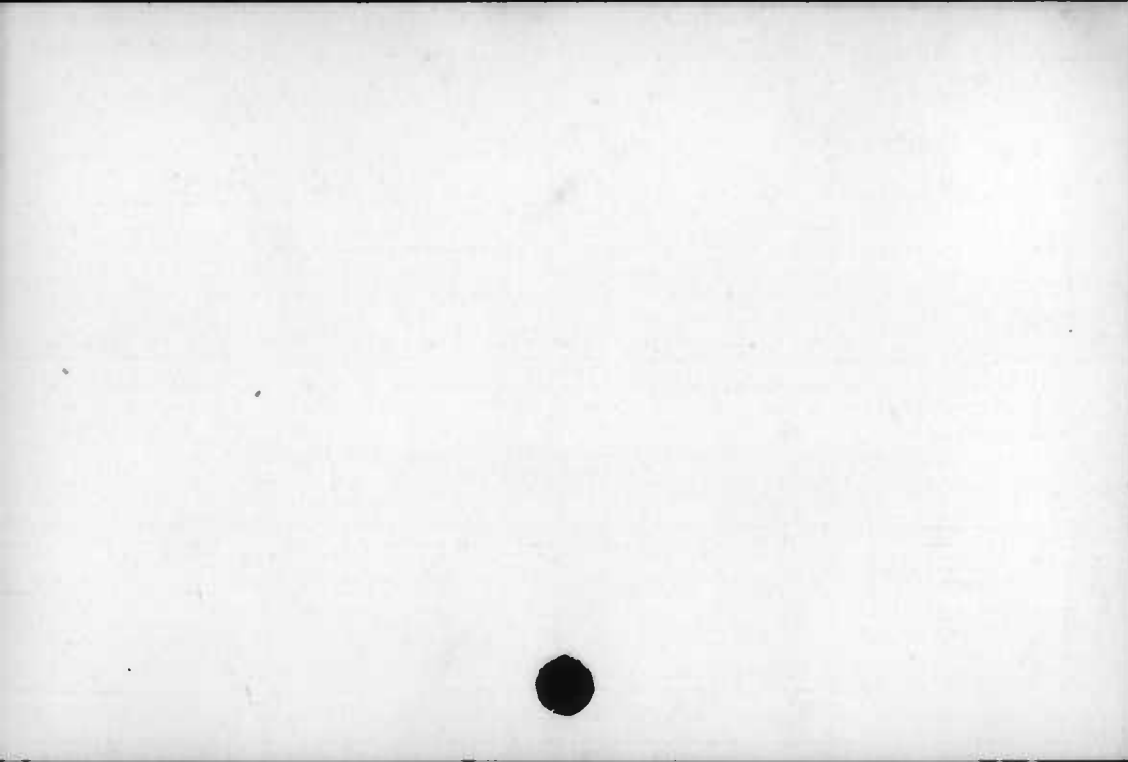
Died at <i>St. Barnabas</i> Town <i>Pr Geo.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>25</i>	Age <i>2</i> Years Months <i>11</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>	
Occupation <i>Child</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>X</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>James D. Barrett</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Emma F. Webster</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James Barrett</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Rubeola</i>	How long <i>1 week</i>
Immediate <i>Laryngeal Diphtheria</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson</i>
	Address <i>Riverscroft Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Florence Teresa Bird

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

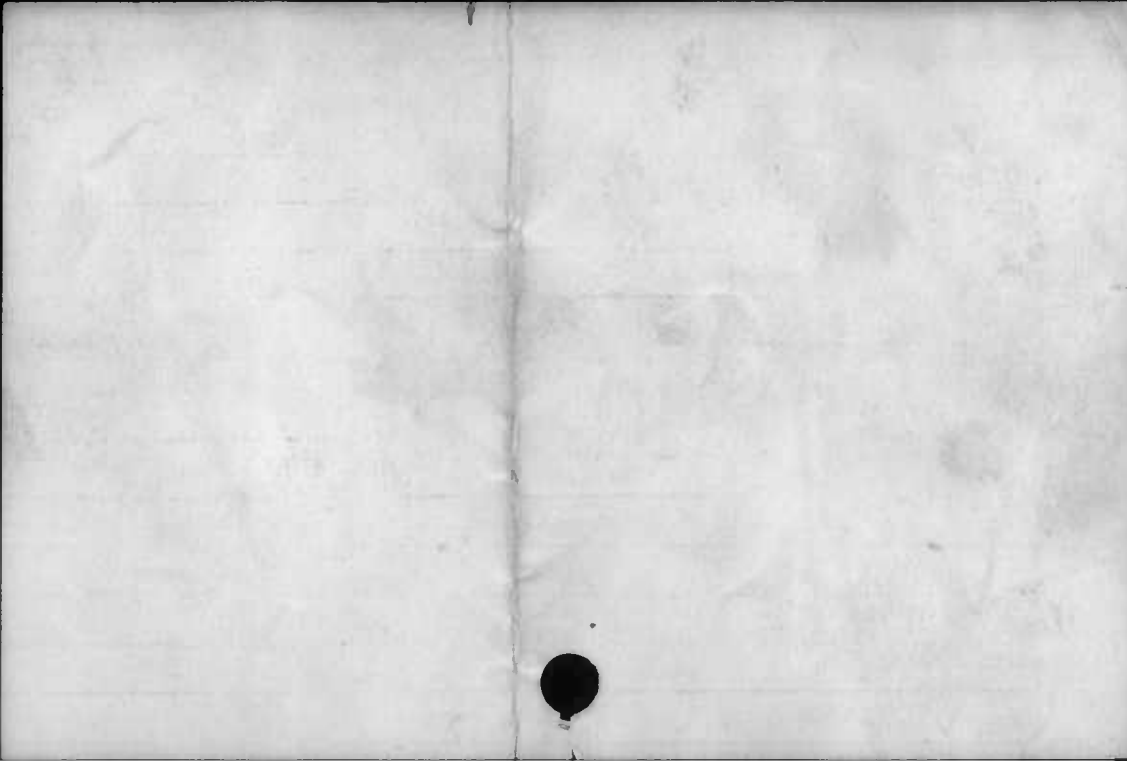
Died at <i>Fort Washington</i>		<i>Prince George's</i> County		MARYLAND	
Date of death <i>190</i>	Month <i>Dec</i>	Day <i>22nd</i>	Age <i>23</i> Years	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>New York</i>		
Occupation <i>Housewife</i>			Where Residing, if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wm Bird</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Annie G Larr</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Fred W. Williams</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i> <i>both lungs</i>	How long <i>2 yrs</i>
Immediate <i>Asthma</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Morris</i>
	Address <i>Fort Washington</i> <i>MD</i>
Accident or Suicide?	



Name  
in  
Full

John Bolden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

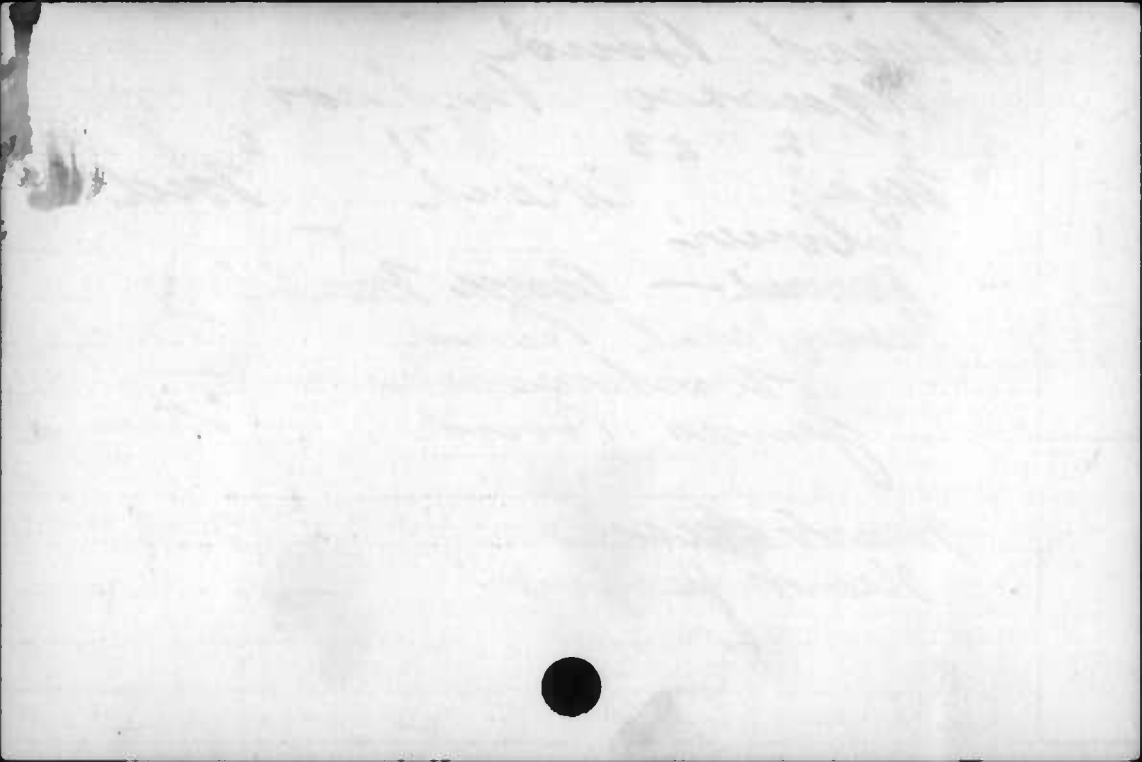
Died at <i>Bowie</i> Town		<i>md.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>9</i>	Age <i>14</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Bowie Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Mary Bolden</i>	Father's Birthplace <i>P. G. Ind.</i>				
Mother's Maiden Name <i>Sarah A. Prand</i>	Mother's Birthplace <i>P. G. Ind.</i>				
Name of person giving information <i>Joseph Prand</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

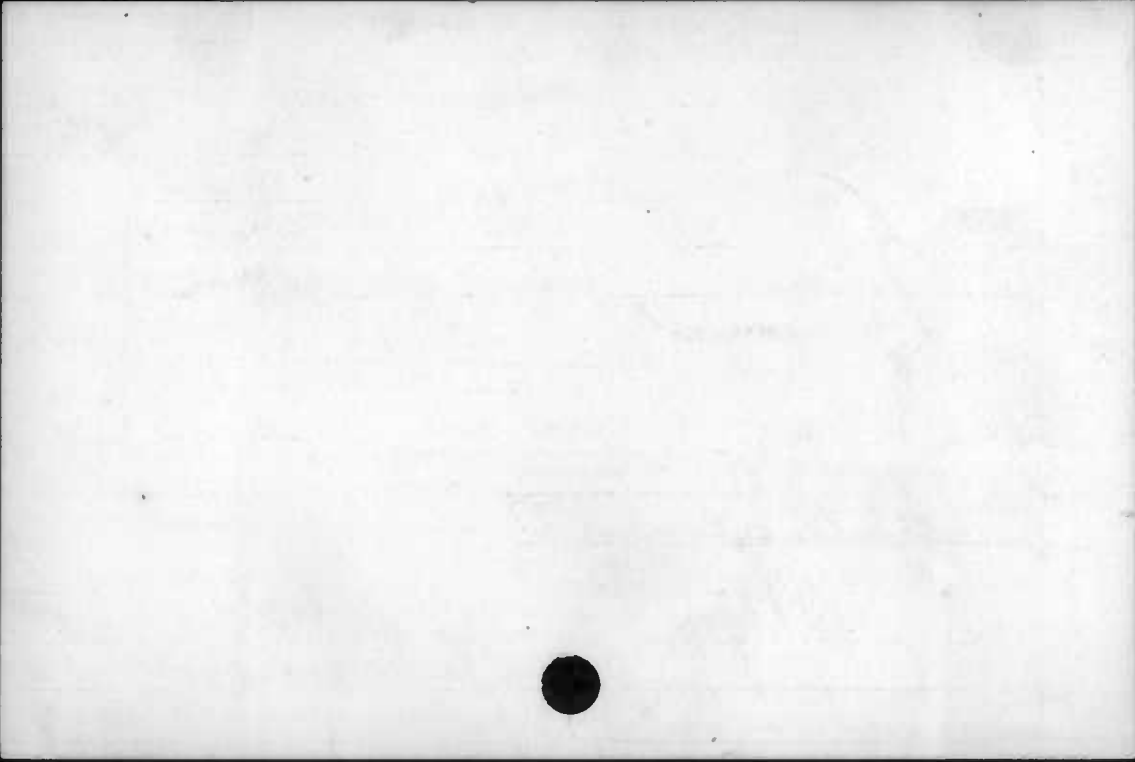
27

PHYSICIAN  
OR CORONER

Primary <i>Phtisis Pulmonalis</i>	How long <i>Several Months</i>
Immediate <i>Aspiration</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. C. Small M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name in Full		Edward Bond				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		1908	Month 12	Day 23	Age 71	Months 6	Days 4
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Birth-place		Md	
Married, Single or Widowed		Married		Name of Wife or Husband		Ann Maddox	
Father's Name		Mansell Bond		Father's Birthplace		Md	
Mother's Maiden Name		Mansel		Mother's Birthplace		—	
Name of person giving information		James Bond		How related to deceased		Son	
				CAUSES OF DEATH		(79)	
Primary		Heart disease		How long		3 yrs	
Immediate		Heart failure		How long		4 hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. M. L. L. L.	
				Address		Aquasco	
Accident or Suicide?		no				Md	



Name  
in  
Full

Susan Bowdie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

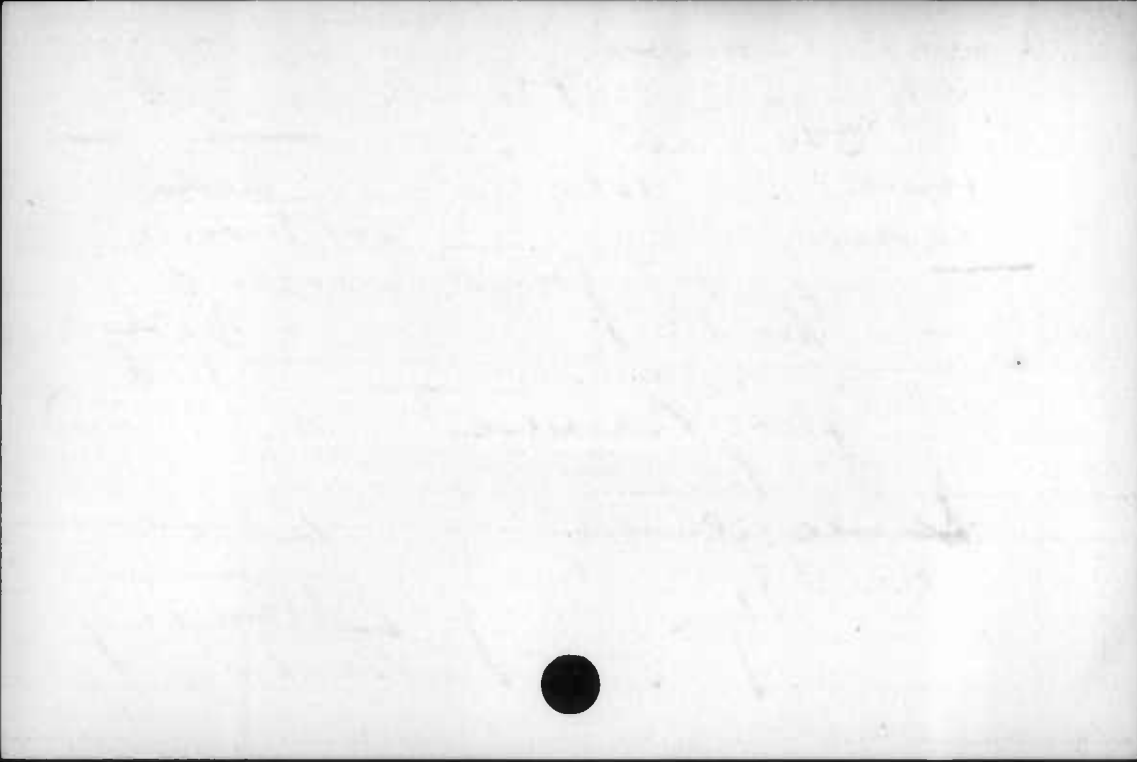
Died at <u>C. Springs</u> Town		<u>P.G.</u> County		MARYLAND	
Date of death <u>190</u>	<u>Oct</u> Month	<u>26<sup>th</sup></u> Day	Age <u>75</u> Years	<u>—</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>at home</u>				
<del>Married</del> Single or Widowed	Name of Wife or Husband <u>John Bowdie</u>				
Father's Name <u>—</u>	<u>Gantt</u>		Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Jerry Bruce</u>			How related to deceased <u>Son-in-law</u>		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Senile debility</u>	How long <u>—</u>
Immediate <u>Heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Leasing</u>
	Address <u>Helintown</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

Lillian May Bryant

## CERTIFICATE OF DEATH

MARYLAND

Died at 213 Town

Baltimore County

Date of death 1908 12

16 Day

Age 9 Years

Months

1 Days

Sex

female

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William C. Bryant

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Ann L. Wingo

Mother's  
Birthplace

Ind

Name of person giving  
information

A. E. Bryant

How related  
to deceased

mother

## CAUSES OF DEATH

151

Primary

How long

Immediate

Lack of vitality

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

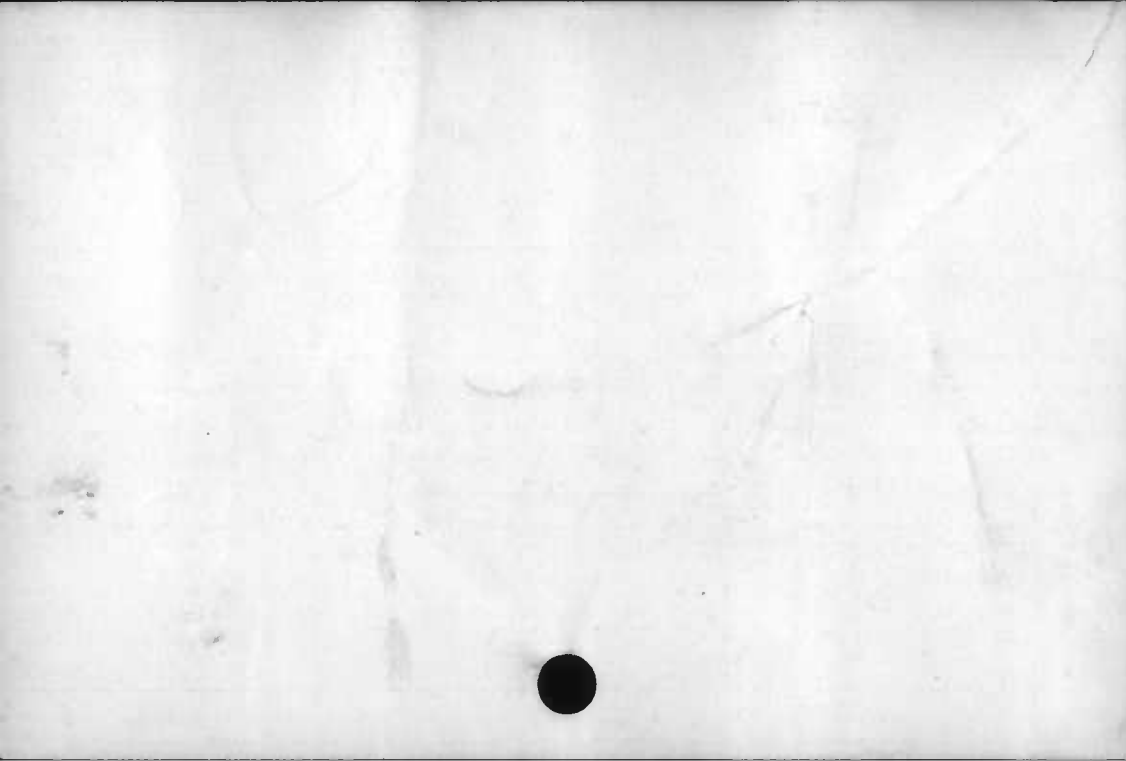
Address

John A. Cor

213

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Elmer Ignatius Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Croom</i> <small>Town</small>		<i>Prince Georges</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>1</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince Georges</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
<del>Married</del> , Single or <del>Widow</del>		Name of Wife or Husband			
Father's Name <i>John E. Butler</i>		Father's Birthplace <i>P.Y. Co.</i>			
Mother's Maiden Name <i>Julia Newman</i>		Mother's Birthplace <i>P.Y. Co.</i>			
Name of person giving information <i>Esther Butler</i>		How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary <i>Uncertain, Sudden death</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Gibbons</i>
	Address <i>Croom md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John F. Butler</i>		Town <i>Cedarvale</i>		County <i>Po. Co.</i>		MARYLAND	
Died at <i>Cedarvale</i>		Month <i>12</i>		Day <i>31</i>		Years <i>77</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>31</i>		Years <i>77</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind.</i>		Months <i></i>	
Occupation <i>Farmers</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>May Jane Butler</i>					
Father's Name <i>Harry Butler</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>John Butler</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary <i>Cerebral gangrene</i>	How long <i>Not known</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Coz</i>
	Address <i>I.B.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

No name barrel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Nottingham <sup>County</sup> Prince George MARYLAND

Date of death 1908 <sup>Month</sup> Dec <sup>Day</sup> 29 Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 3

Sex male Color or Race colored Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Ambrose Carroll

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rebecca Pinkney

Mother's  
Birthplace

Md

Name of person giving  
Information

Ambrose Carroll

How related  
to deceased

father

## CAUSES OF DEATH

179

Primary

Unknown ✓

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

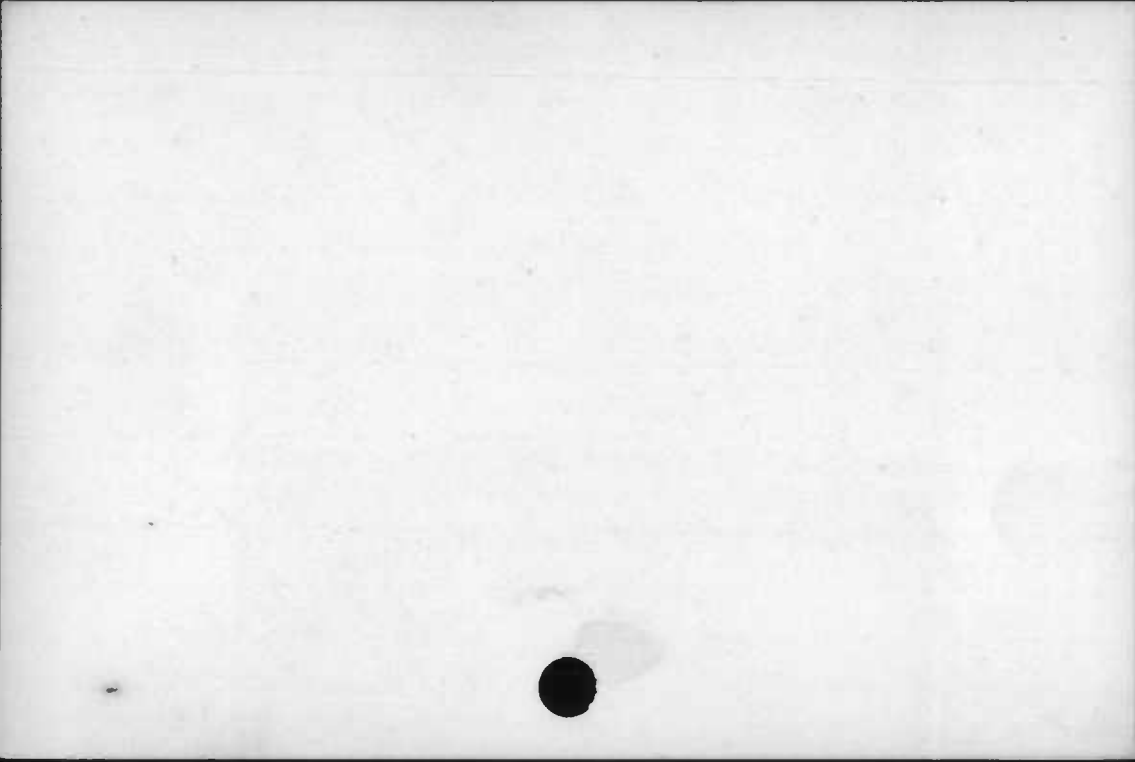
Signature of  
Physician

Address

Ernest W. Garner  
Alleg. Coroner

Accident or Suicide?

Northkeys, Md.





Name  
in  
Full

Vincent V. Castanice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at Marlboro Dr. Hes. **MARYLAND**  
Date of death 190 8 Month Dec Day 22 Age 1 Years Months Days 10  
Sex Male Color or Race White Birth-place Luxido, Yuc  
Occupation — Where Residing if not at place of death —  
Married, Single or Widowed — Name of Wife or Husband —  
Father's Name B. G. Castanice Father's Birthplace Armenia  
Mother's Maiden Name Wifong Mother's Birthplace Pa  
Name of person giving Information B. G. Castanice How related to deceased Father

## CAUSES OF DEATH

64

Primary Cerebral Hemorrhage How long 6 hrs  
Immediate

Are the name, age, sex, color, date and place correctly given above?

JW

Signature of Physician

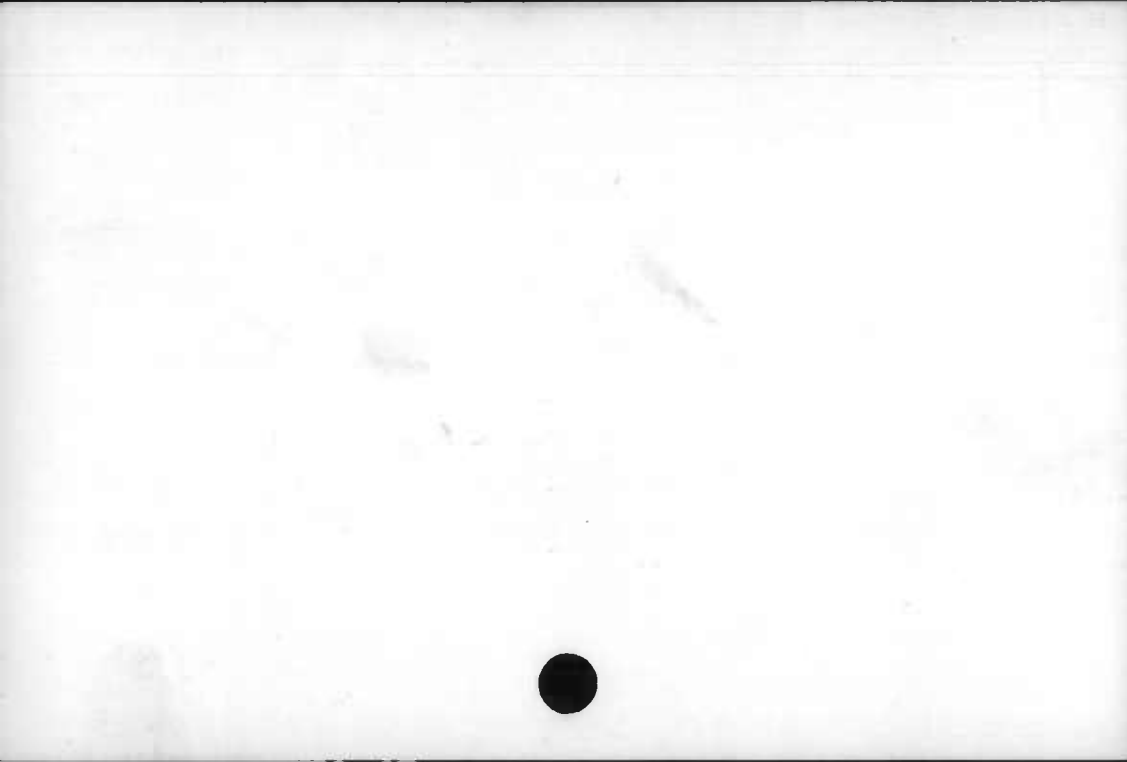
Dr. Giffith

Address

Upper Marlboro Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie H Castle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hyattsville		County Pr Georges		MARYLAND	
Date of death	1908	Month Dec	Day 17	Age 96	Years about	Months	Days
Sex	Female		Color or Race	White		Birth- place	Williamsport Md
Occupation	None		Where Residing if not at place of death		Hyattsville Md		
Married, Single or Widowed	Widow		Name of Wife or Husband		Lawson Castle		
Father's Name	<del>John</del> Sweitzer		Father's Birthplace		Germany		
Mother's Maiden Name	Bets (Mary)		Mother's Birthplace		Md		
Name of person giving In formation	Emanuel H Castle		How related to deceased		Son		

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Senility	How long	Several years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	As near as can be obtained		
Accident or Suicide?	no		
Signature of Physician	C. W. Birchall M.D.		
Address	Hyattsville Md		



Name  
in  
Full

David William Chamberlain

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

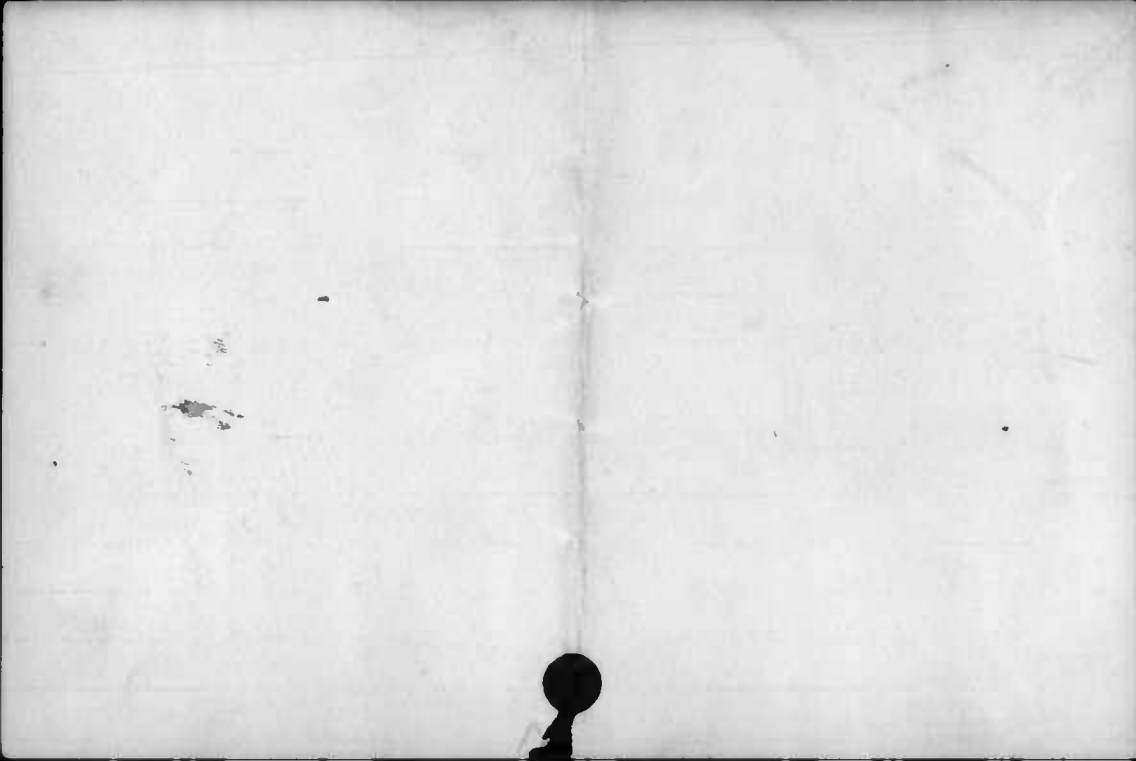
Died at <i>Riverdale</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>62</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Buffalo New York</i>		
Occupation <i>clerk</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella Willis</i>				
Father's Name <i>Johannas Chamberlain</i>	Father's Birthplace <i>Buffalo N.Y.</i>		Mother's Birthplace <i>Grenada</i>		
Mother's Maiden Name <i>Batherine Burns</i>	Name of person giving information <i>Clarence W Chamberlain</i>		How related to deceased <i>Son</i>		

## CAUSES OF DEATH

32

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of hip</i>	How long <i>about 40 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>R.A. Bennett.</i>
	Address <i>Riverdale</i>
Accident or Suicide? <i>No.</i>	<i>Ind.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Stice house black

Town County

Died at Camp Springs P.G.

Date of death 1908 Dec 31st Age Months Days

Sex male Color or Race black Birthplace Ind

Occupation none Where Residing if not at place of death Home

Married, Single or Widowed Name of Wife or Husband

Father's Name James Colach Father's Birthplace Ind

Mother's Maiden Name Lizzie Baker Mother's Birthplace Ind

Name of person giving information Eugene Dyles How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

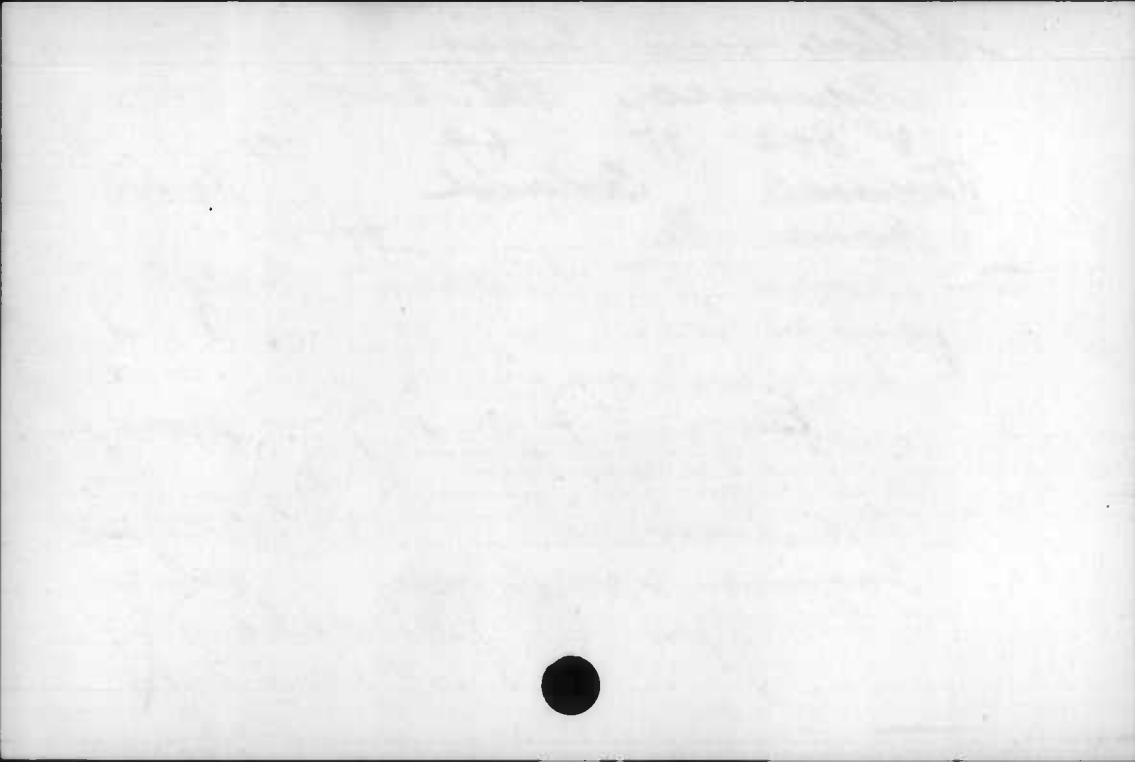
Primary Miscarriage How long 8 days

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. L. Leaning Address Clinton

Accident or Suicide?





Name  
in  
Full

Mary Coates

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

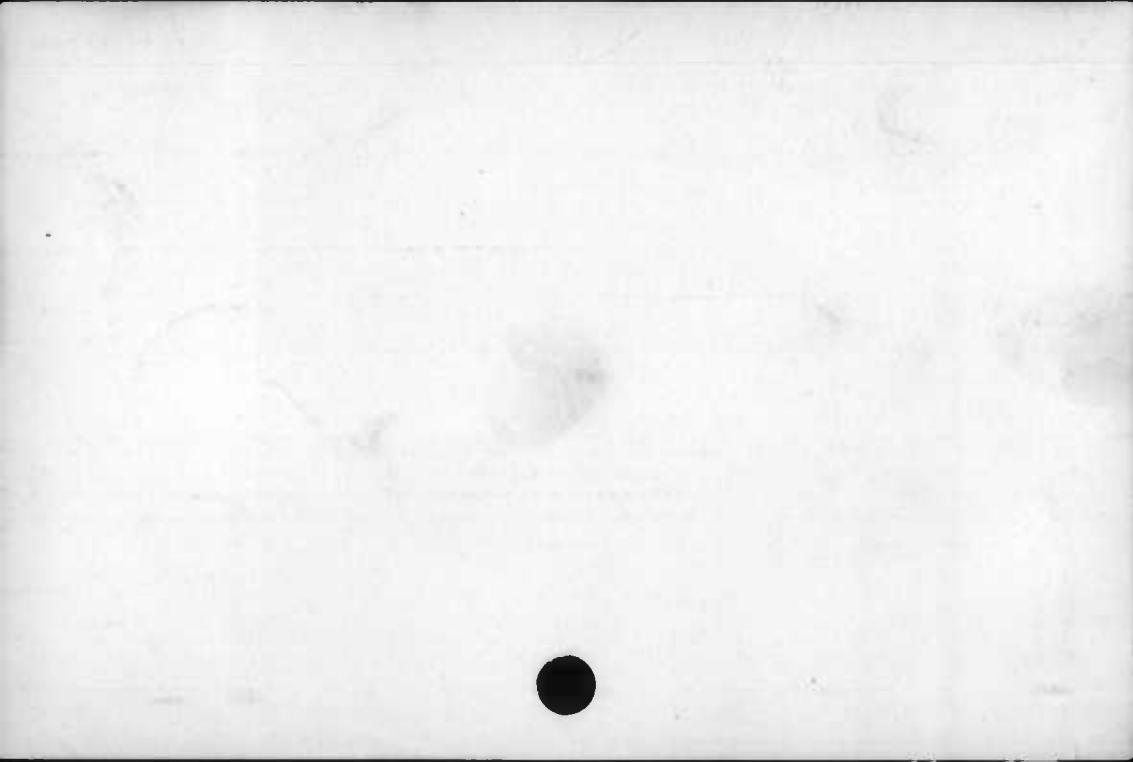
Died at <i>near Croon</i>		Town <i>Prince</i>		County <i>Georgie's</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Dec.</i>	Day <i>30</i>	Age <i>2.5</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince George's Co.</i>				
Occupation <i>Servant</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>John Tolson</i>			Father's Birthplace <i>P. G. Co.</i>				
Mother's Maiden Name <i>Mary Coates</i>			Mother's Birthplace <i>P. G. Co.</i>				
Name of person giving information <i>James Smith</i>			How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary <i>P. to name P. giving</i>	How long <i>5 days</i>
Immediate <i>Supposed to be from bad beef or pork skin use</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Hibbons</i>
	Address <i>Croon Md</i>
Accident or Suicide?	



Name  
in  
Full

Samuel Boate

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

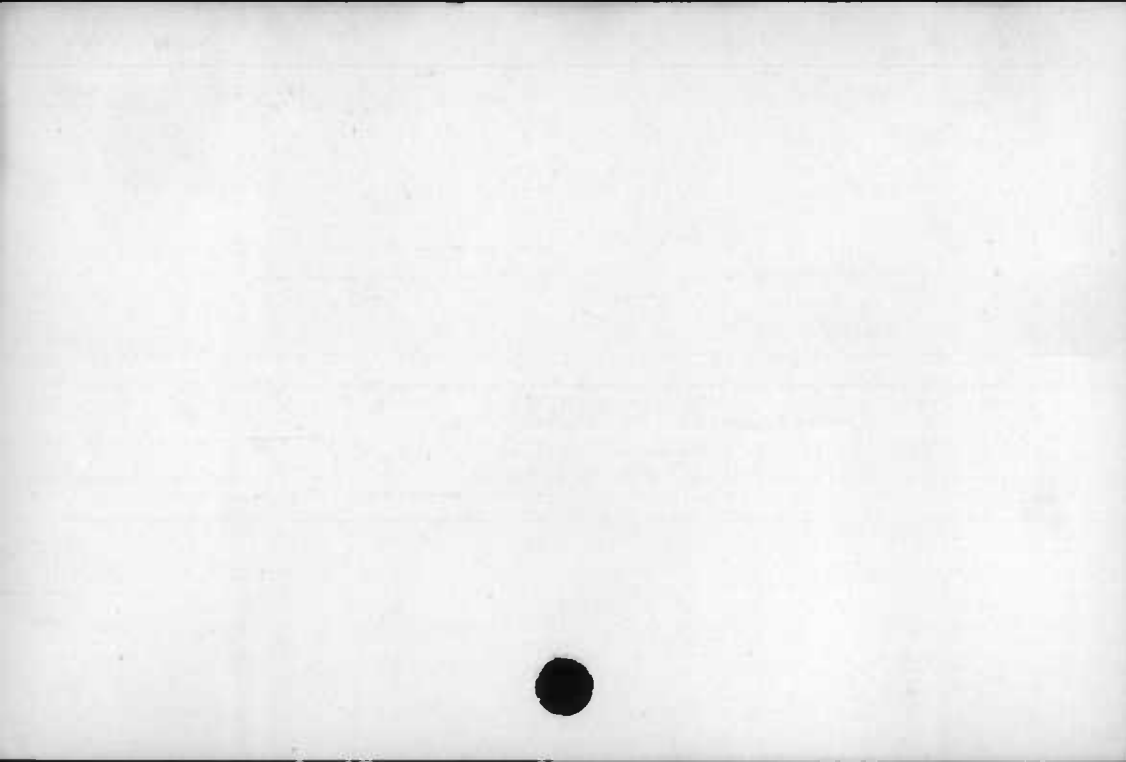
Died at <i>near Upper Marlboro</i>		Town <i>Upper Marlboro</i>		County <i>P. G.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>12</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>P. G. board</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>James Boate</i>				Father's Birthplace <i>P. G. board</i>			
Mother's Maiden Name <i>Laura Gant</i>				Mother's Birthplace <i>P. G. board</i>			
Name of person giving information <i>James Boate</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Don't know</i>	How long	<i>Don't know</i>
Immediate	<i>..</i>	How long	<i>..</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Ernest Smith</i>	
		Address <i>Upper Marlboro Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

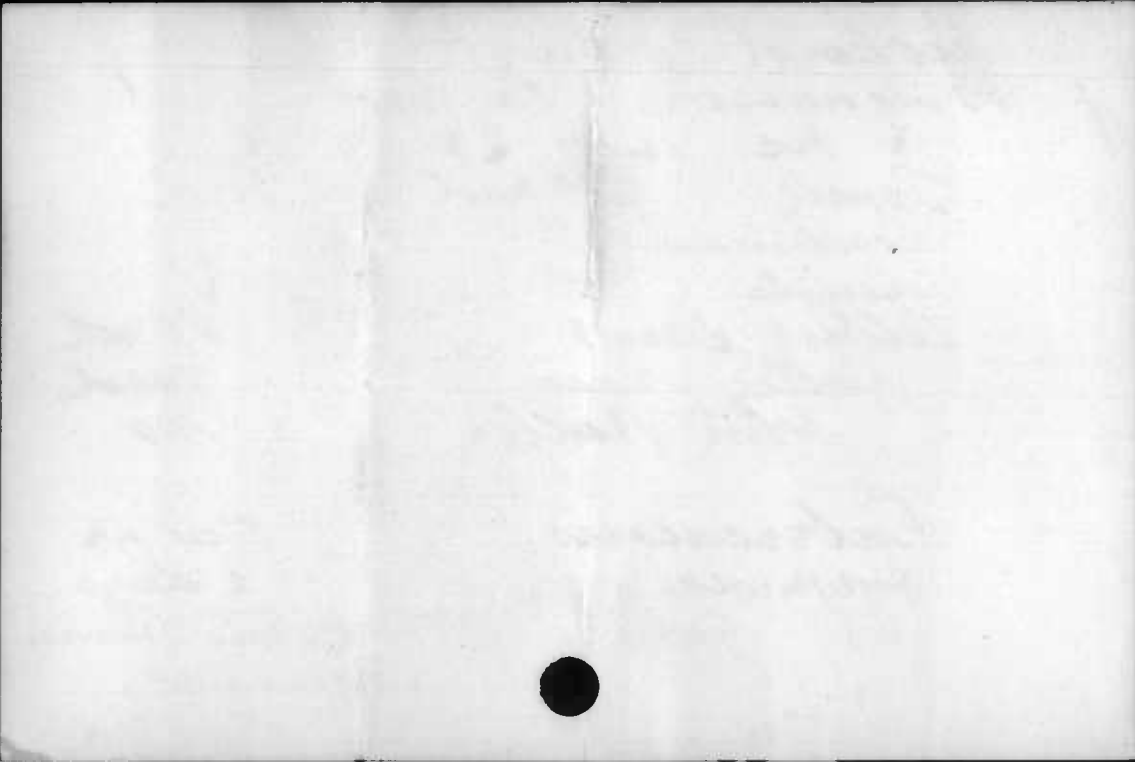
Died at		Town		County		State	
Aquasco		Pa.		Essex		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1908	Dec	17	69		4	3	
Sex	Color or Race		Birth-place				
Female	Colored		Ind				
Occupation	Where Residing if not at place of death						
Housewife	—						
Married, Single or Widowed	Name of Husband						
Married	Abraham Craig						
Father's Name	Father's Birthplace						
Unknown	—						
Mother's Maiden Name	Mother's Birthplace						
Unknown	—						
Name of person giving information	How related to deceased						
Caleb Estep	None						

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	10 days
Immediate	Organic heart disease	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. M. Brown	
		Address	
		Aquasco	
Accident or Suicide?		Ind	
No			



Name  
in  
Full

Richard Jewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

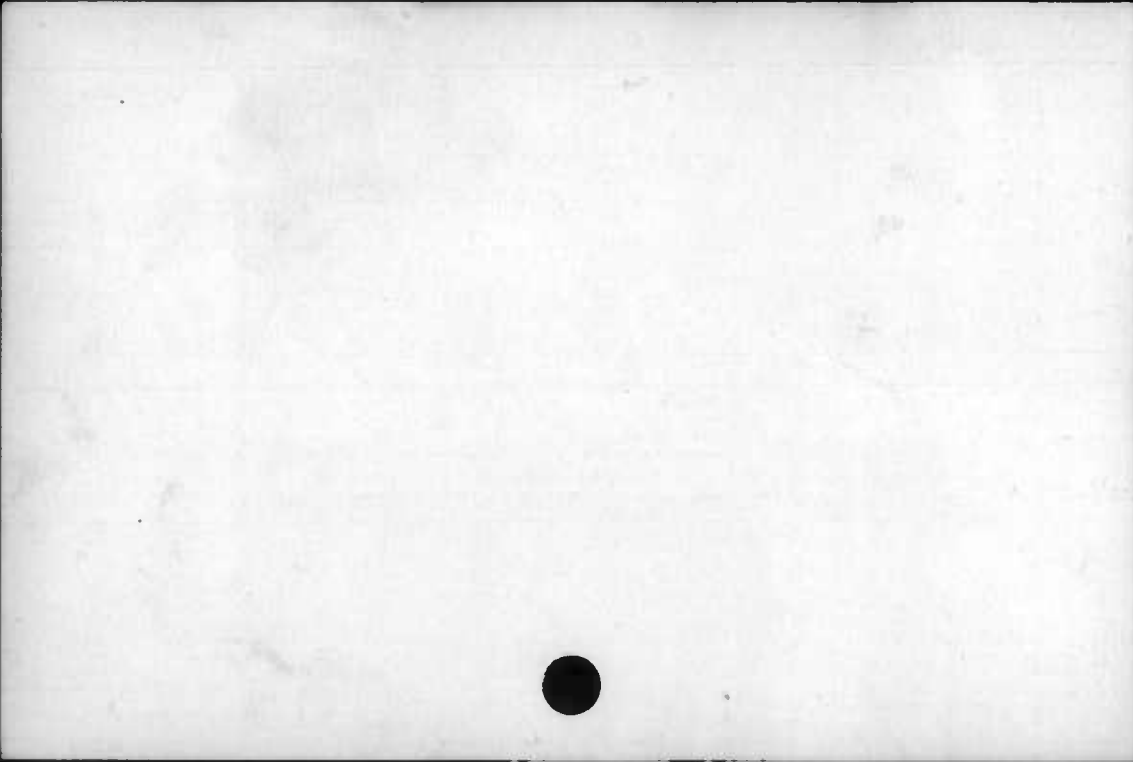
Died at		Town		County		State	
Aquasco		Pr. Geo's		Maryland			
Date of death	1908	Month	Dec	Day	12	Age	28
						Months	6
						Days	4
Sex	Male		Color or Race	Colored		Birth-place	Ind
Occupation	Coachman			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Albert Dwyer					Father's Birthplace	Ind
Mother's Maiden Name	Sallie Grey					Mother's Birthplace	Ind
Name of person giving information	John Butler					How related to deceased	No

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	One yr.
Immediate	Dyspnoea		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		H. Morton Brown		
Address		Aguasco Ind		
Accident or Suicide?		No.		





Name  
in  
Full

Mrs Anna A. Doll.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

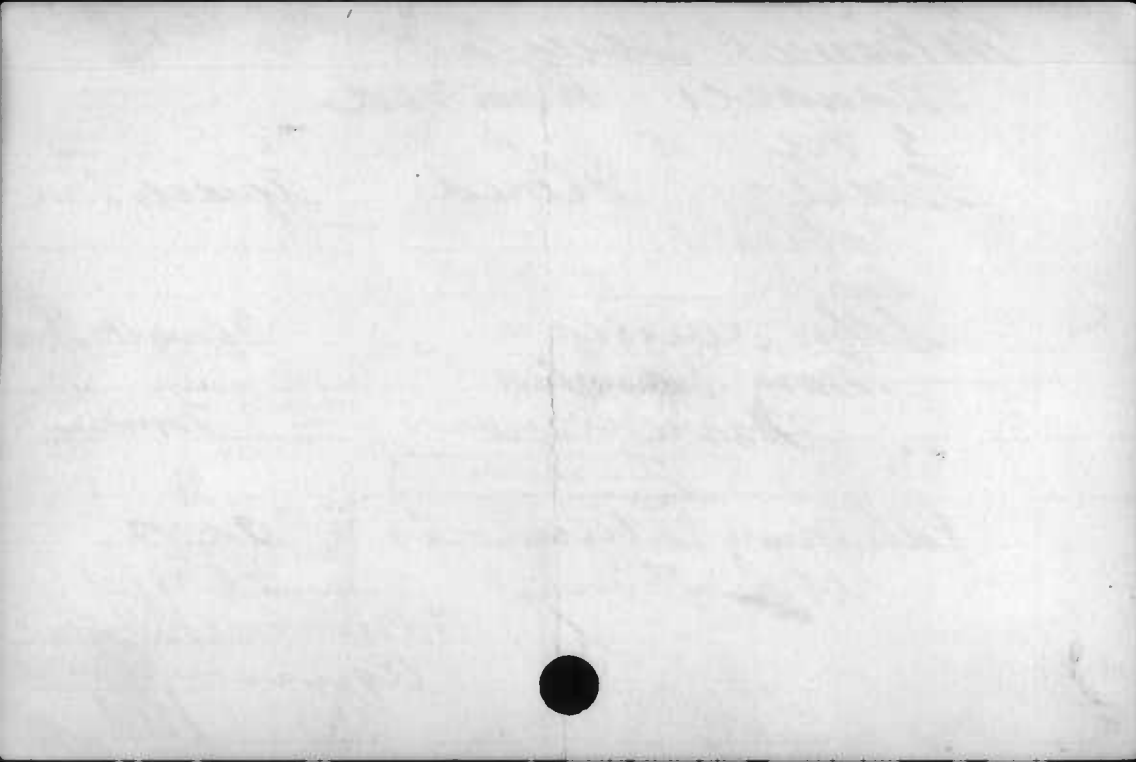
Died at		Town Rivindale		County Pr Geo		MARYLAND	
Date of death	1908	Month Dec	Day 12	Age 70	Months —	Days —	
Sex	Female		Color or Race	White		Birth- place	Miss.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband			
Father's Name		Edw. C. Agnew.		Father's Birthplace		Scotland	
Mother's Maiden Name		Anna M. Discon.		Mother's Birthplace		Scotland	
Name of person giving In formation		Husband.		How related to deceased		Husband.	

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute Indigestion		How long	Short-few hr.
Immediate	Heart-failure		How long	Short.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
			R. A. Bennett.	
			Address	
			Rivindale	
Accident or Suicide?		Ind.		



Name  
In  
Full

*Mathaniel Douglas*

CERTIFICATE OF DEATH

Town

County

Died at

*Aquasco*

*P. Pr. Md*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1908*

*Dec*

*5*

Age

*41*

*5*

*2*

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Aquasco Md*

Occupation

*Laborer*

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*John Douglas*

Father's  
Birthplace

*Aquasco Md*

Mother's  
Maiden Name

*Mary Douglas*

Mother's  
Birthplace

*"*

Name of person giving  
In formation

*Harry Green*

How related  
to deceased

*None*

CAUSES OF DEATH

*27*

Primary

*Pulmonary Tuberculosis*

How long

*3 yrs*

Immediate

*Exhaustion*

How long

*2 weeks*

Are the name, age, sex, color,  
and place correctly given above?

*Yes*

Signature of  
Physician

*H. Morton Brown*

Address

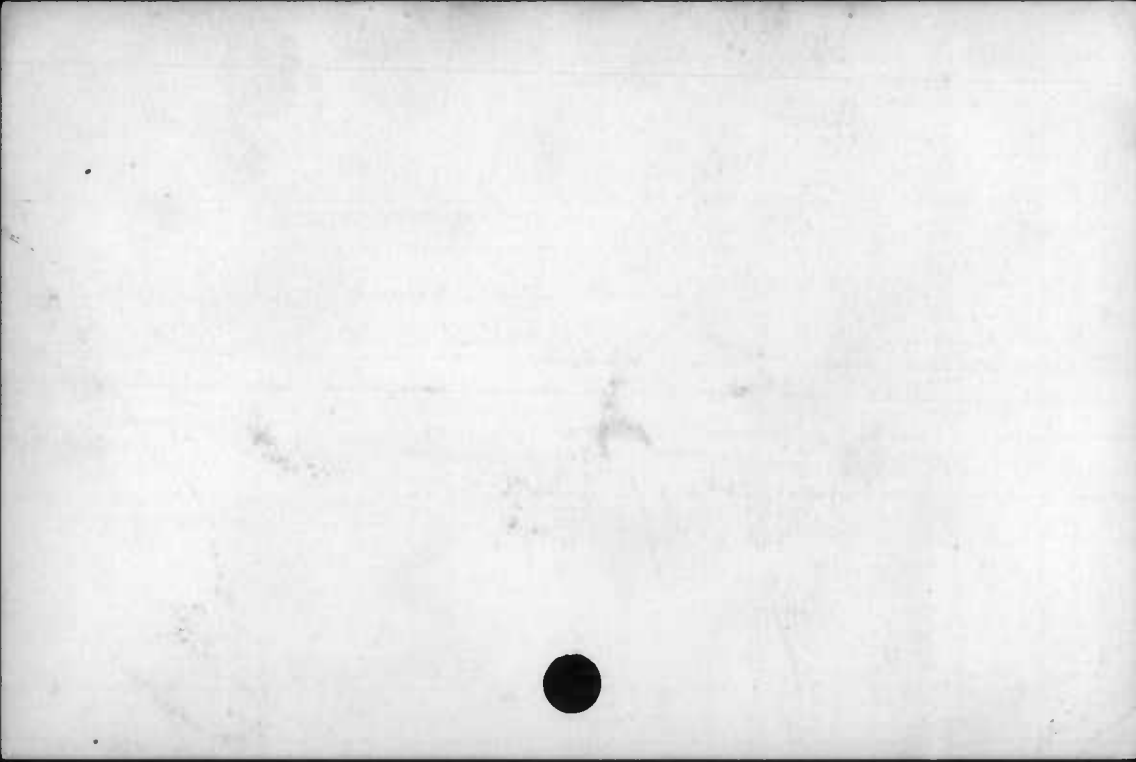
*Aquasco  
Md*

Accident or Suicide?

*No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Jacob John Poirer</i>		Town <i>Berwyn</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at <i>Berwyn</i>		Date of death <i>1908</i>		Age <i>76</i>		Months <i>Six</i>	
Month <i>Dec</i>		Day <i>22</i>		Years <i>76</i>		Days <i></i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Germany</i>			
Occupation <i>Mechanic</i>				Where Residing if not at place of death <i>Turn wife Rachel Roemmel</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Second wife Margaret A. Black</i>					
Father's Name <i>John Casper Fink</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Mrs Blanch Lee</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Nephritis</i>		How long <i>about 2 weeks</i>	
Immediate <i>Uremia</i>		How long <i>Two days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>It is</i>		Signature of Physician <i>C. A. Fox</i>	
		Address <i>Bethesda Md</i>	
Accident or Suicide? <i></i>			

61

per



Name in Full <b>Catherine S. Sisk</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Hyattsville</b>	County <b>Pr</b>	
	Date of death <b>1908</b>		Month <b>11</b>
	Day <b>4</b>	Years <b>5</b>	Months <b>0</b>
	Age <b>5</b>	Days <b>0</b>	
	Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>md</b>
	Occupation <b>✓</b>	Where Residing if not at place of death <b>✓</b>	
Married, Single or Widowed <b>✓</b>	Name of Wife or Husband <b>✓</b>		
Father's Name <b>Mr. Vernon Sisk</b>	Father's Birthplace <b>N. Va.</b>		
Mother's Maiden Name <b>Rebecca S. Carroll</b>	Mother's Birthplace <b>md.</b>		
Name of person giving information <b>Mr. Vernon Sisk</b>	How related to deceased <b>Father</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Acute Toraxen Dral</b>	How long <b>5 days</b>	
	Immediate <b>Syncope</b>	How long <b>3 hr</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Thos E. Latimer</b>	
		Address <b>Hyattsville</b>	
Accident or Suicide? <b>✓</b>			

150

For change of month see birth certificate  
under date of November 29, 1908

BUREAU OF VITAL STATISTICS



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

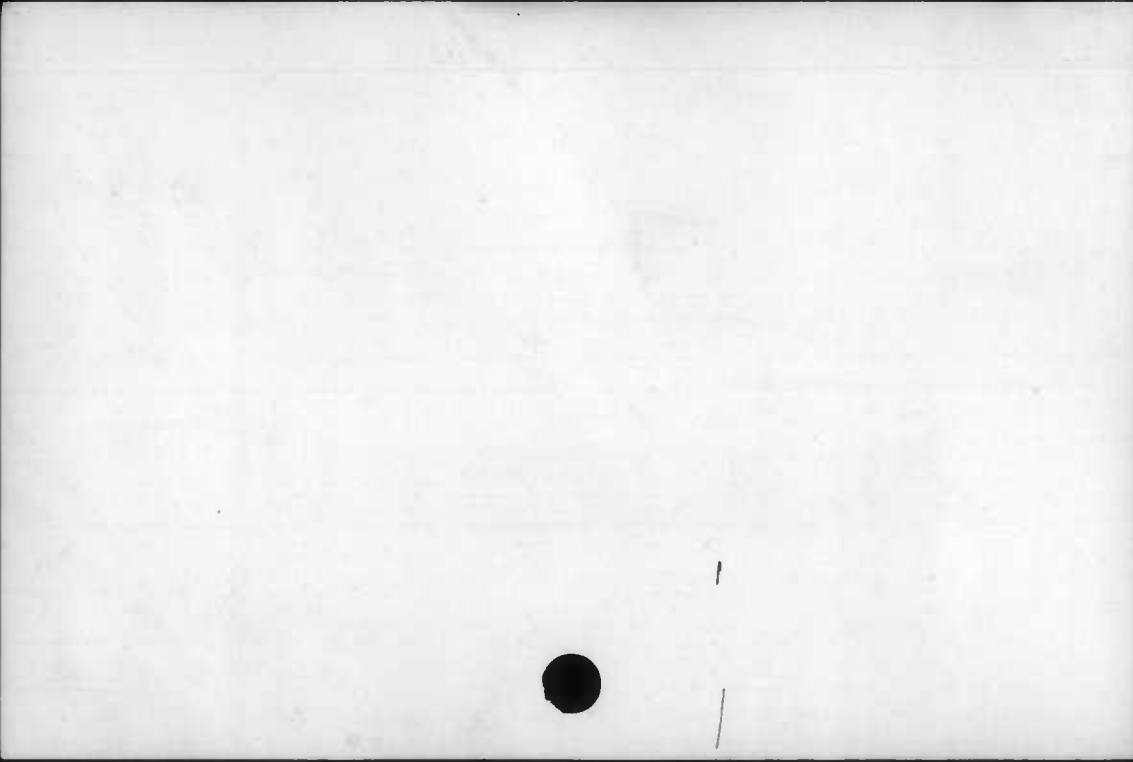
Name in Full <i>As E. Lord</i>		Town <i>Upper Marlboro</i>		County <i>D.C.</i>		MARYLAND	
Died at <i>Upper Marlboro</i>		Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>14</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Age <i>1</i>		Years <i>1</i>	
Occupation <i>—</i>		Birth-place <i>Upper Marlboro</i>		Months <i>7</i>		Days <i>—</i>	
Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>R. E. Lord</i>				Father's Birthplace <i>A. A. Co.</i>			
Mother's Maiden Name <i>Rogers</i>				Mother's Birthplace <i>A. A. Co.</i>			
Name of person giving information <i>R. E. Lord</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. Griffith</i>
	Address <i>Upper Marlboro, Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

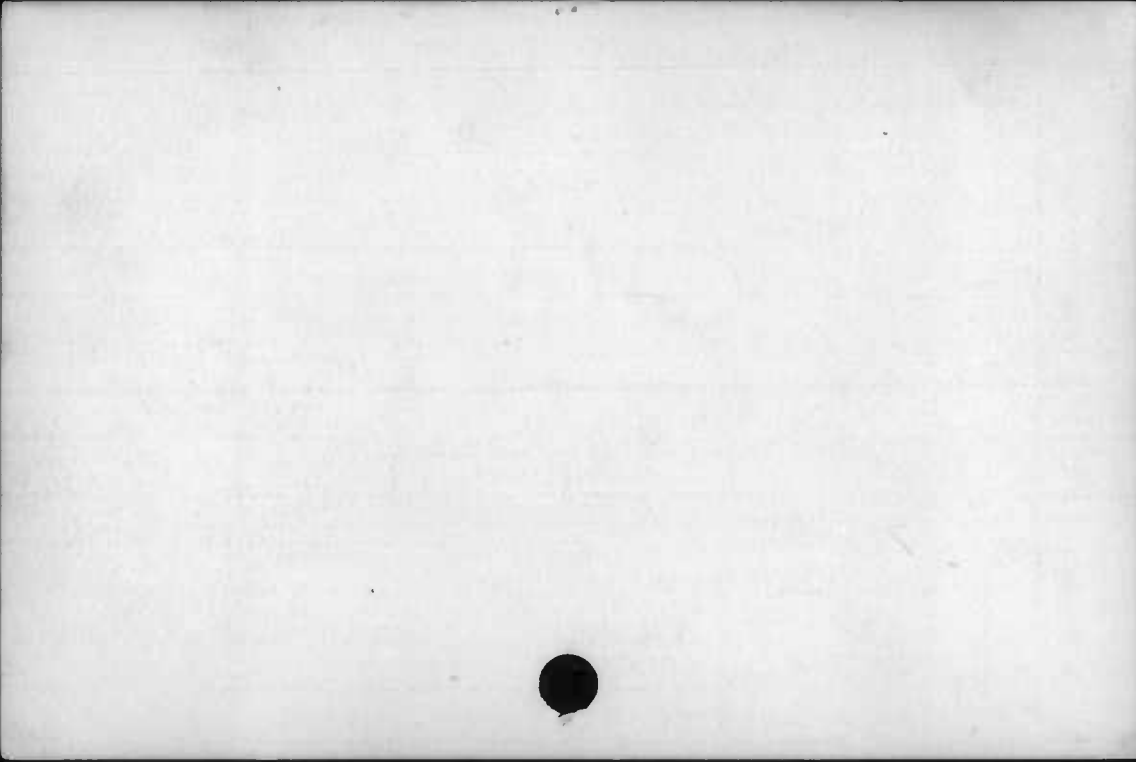
Name in Full <i>Sarah Lewis Pry</i>		Town <i>Oxon Hill</i>		County <i>Pr. Geo</i>		MARYLAND	
Died at <i>Oxon Hill</i>		Month <i>12</i>		Day <i>29</i>		Years <i>77</i>	
Date of death <i>1908</i>		Month <i>12</i>		Day <i>29</i>		Years <i>77</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>		Months —	
Occupation <i>House work</i>		Where residing if not at place of death —		Days —		—	
Married, Single or Widowed —		Name of Wife or Husband <i>Henry Pry</i>		Father's Name <i>A. St. Clair Heiskell</i>		Father's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Sarah Lewis</i>		Mother's Birthplace <i>Va</i>		How related to deceased <i>Nephew</i>		—	
Name of person giving information <i>James Heiskell</i>		—		—		—	

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Uterine Carcinoma</i>		How long <i>4 mo</i>	
Immediate <i>Exhaustion</i>		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. G. Simpson</i>	
—		Address <i>Rosecroft, Md.</i>	
Accident or Suicide? —		—	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

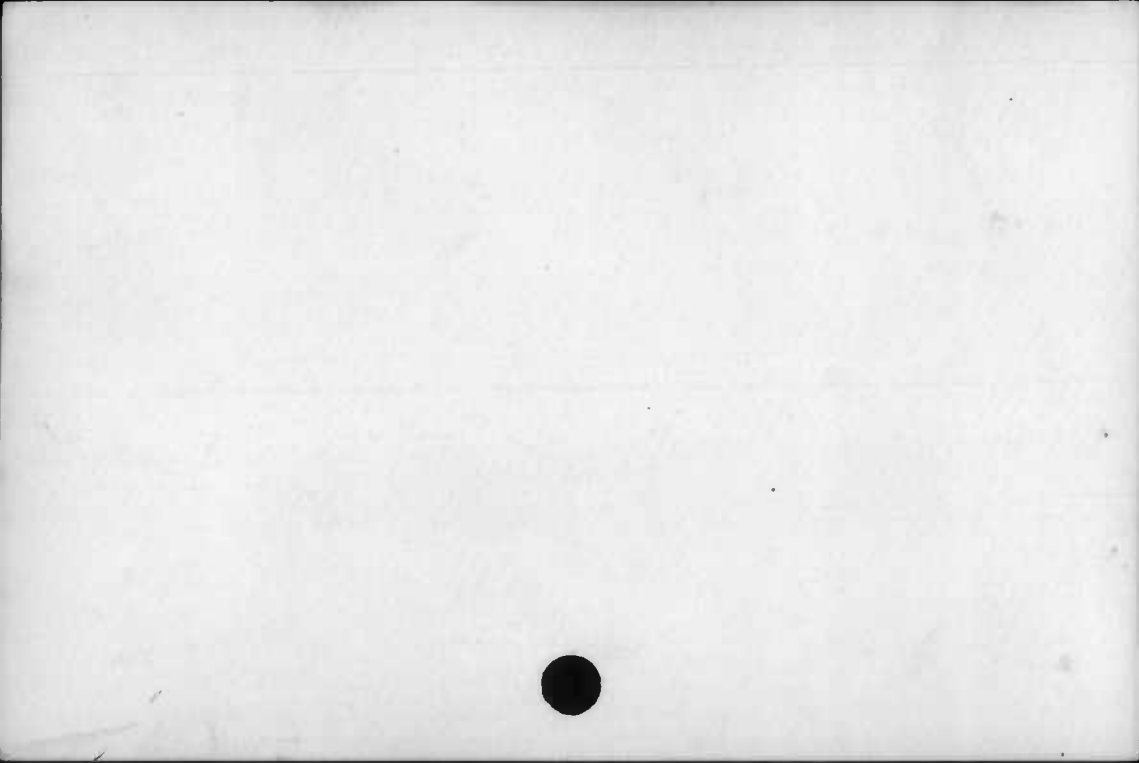
Died at <i>Mt. Rainier</i>		Town <i>Prine George</i>		County		MARYLAND	
Date of death	1908	Month	12	Day	25	Years	Age 37
Sex	Male	Color or Race	White	Birth-place	Washington D.C.	Months	11
Occupation	Coachman	Where Residing if not at place of death	Washington D.C.				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	E. E. Fuller	Father's Birthplace	N. Y.				
Mother's Maiden Name	Jennie Travers	Mother's Birthplace	N. Y.				
Name of person giving information	Lothe Schner	How related to deceased	Sister				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>5 mos</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Harry Kelley M. D.</i>
		Address	<i>Mt. Rainier Md</i>
Accident or Suicide?			



Name  
in  
Full

*Lecindriella Gault*

CERTIFICATE OF DEATH

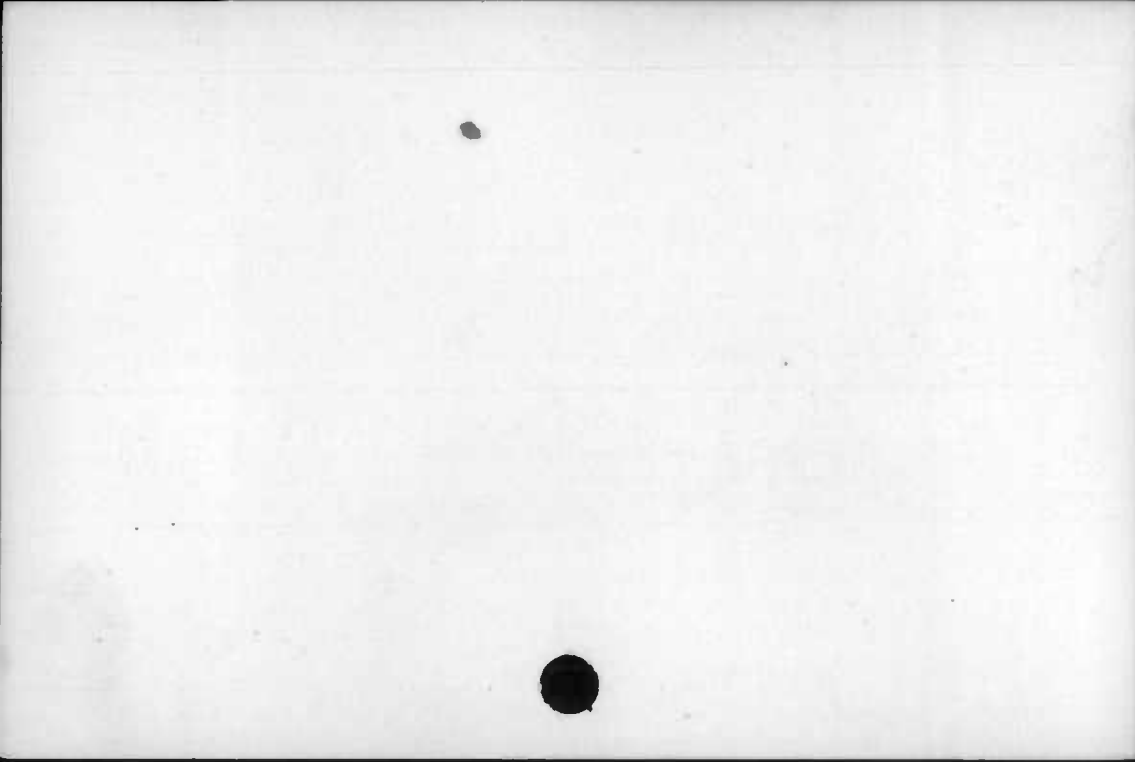
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Upper Marlboro'</i>		County <i>P.G.</i>		MARYLAND	
Date of death	Month <i>12</i>	Day <i>14</i>	Age <i>11</i>	Months <i>11</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>P.G. Col Ind</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or <del>Widow</del>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John William Gault</i>		Father's Birthplace <i>P.G. Col Ind</i>			
Mother's Maiden Name <i>Carrie Jackson</i>		Mother's Birthplace <i>P.G. Col Ind</i>			
Name of person giving information <i>John Wm Gault</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Don't know (Measles)</i>	How long	<i>2 weeks</i>
Immediate	<i>Don't know</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. E. ...</i>	
<i>The reports the child had the measles about two weeks</i>		Address <i>Upper Marlboro' Ind</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Sarah Elizabeth Gibbons* Town *New Market* County *Pr. Lst.*

Died at *New Market* Maryland

Date of death 1908 12 29 Age 35- Months — Days —

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housework* Where Residing if not at place of death —

Married, ~~Single~~ *Single* Name of Wife or Husband *George L. Gibbons*

Father's Name *James H. W. Weldon* Father's Birthplace *Md.*

Mother's Maiden Name *Sarah T. Gibbons* Mother's Birthplace *Md.*

Name of person giving Information *Levinia Smith* How related to deceased *Sister*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Lobar Pneumonia* How long *9 days*

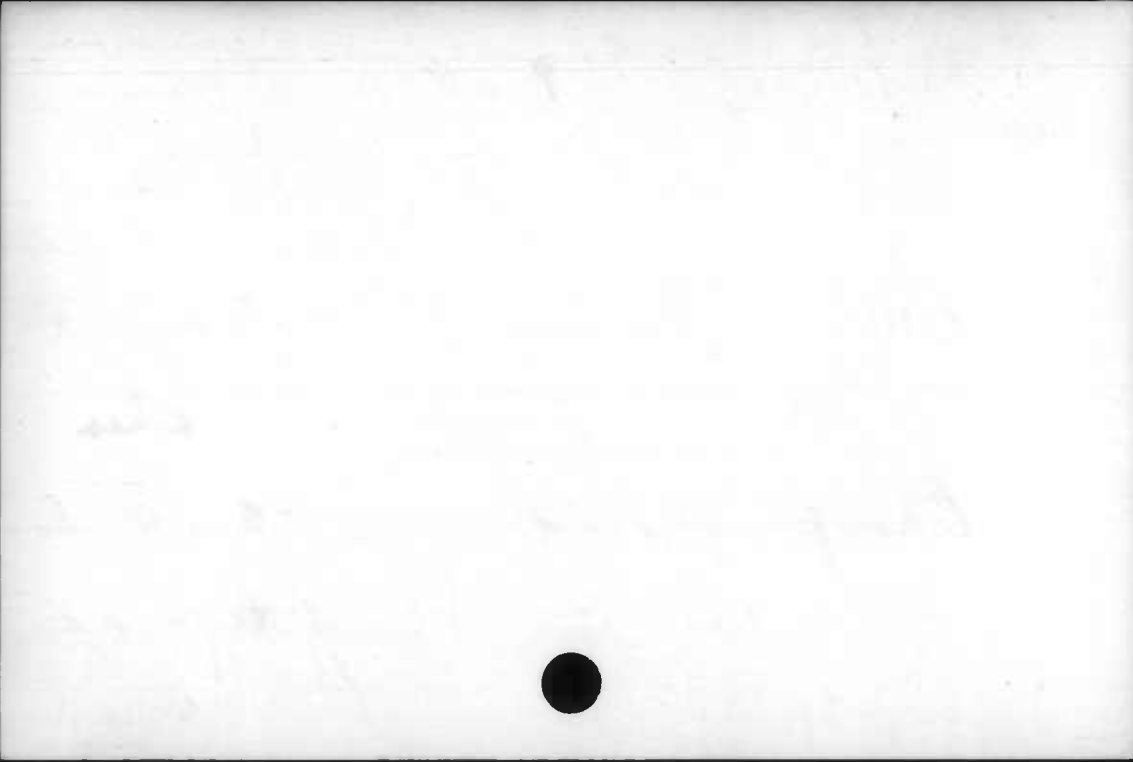
Immediate *Circulatory failure* How long —

Are the name, age, sex, color, data and place correctly given above? *Yes*

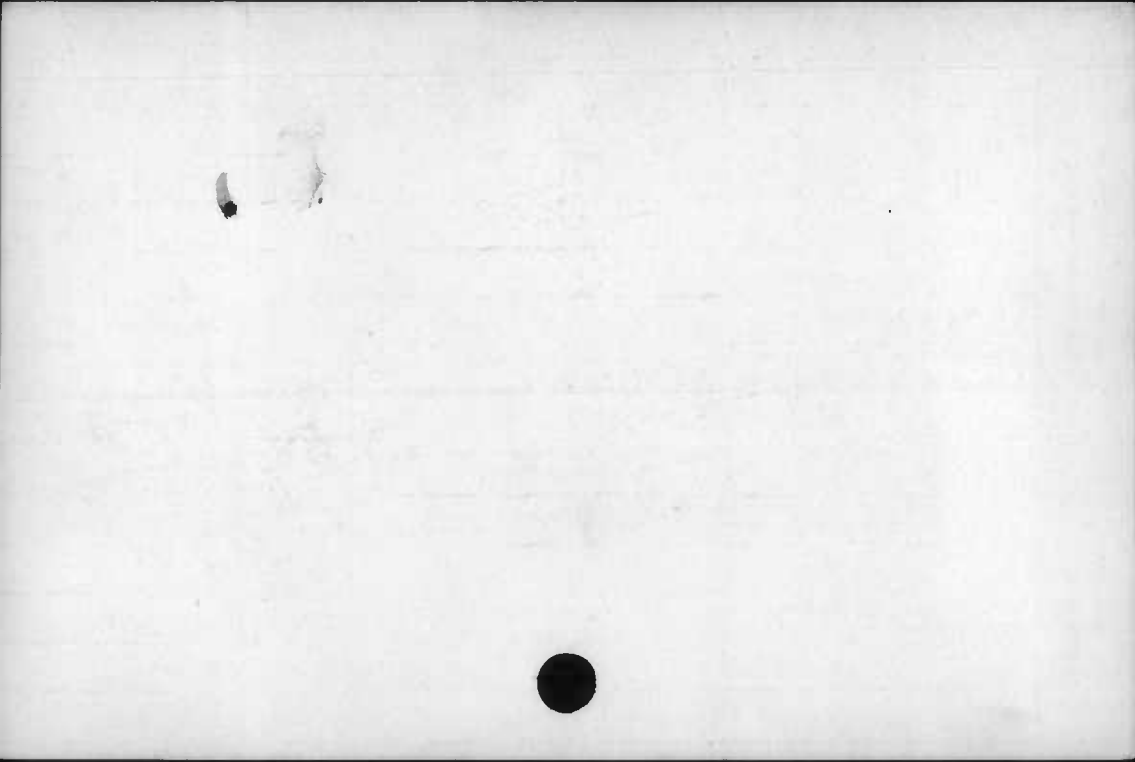
Signature of Physician *E. P. Simpson M.D.*

Address *Rosecroft Md.*

Accident or Suicide? *No*



Name in Full		Mary Ellen Gracing				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town <i>Bowie</i>		County <i>Prince Georges</i>		MARYLAND	
		Date of death		190 <i>8</i>		Month <i>Dec</i>		Day <i>28</i>	
		Age		Years		Months <i>3</i>		Days <i>5</i>	
		Sex		<i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>	
		Occupation				Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
		Father's Name		<i>William J Gracing</i>		Father's Birthplace		<i>Maryland</i>	
		Mother's Maiden Name		<i>Mary P Green</i>		Mother's Birthplace		<i>Maryland</i>	
		Name of person giving information		<i>Wm J Gracing</i>		How related to deceased		<i>Father</i>	
		PHYSICIAN OR CORONER		CAUSES OF DEATH				8	
Primary <i>Whooping Cough</i>				How long <i>Three weeks</i>					
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician		<i>Alben A Ryan MD</i>			
				Address		<i>Bowie MD</i>			
PHYSICIAN OR CORONER		Accident or Suicide? <i>No</i>							



Name  
in  
Full

Dorothy H Gross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

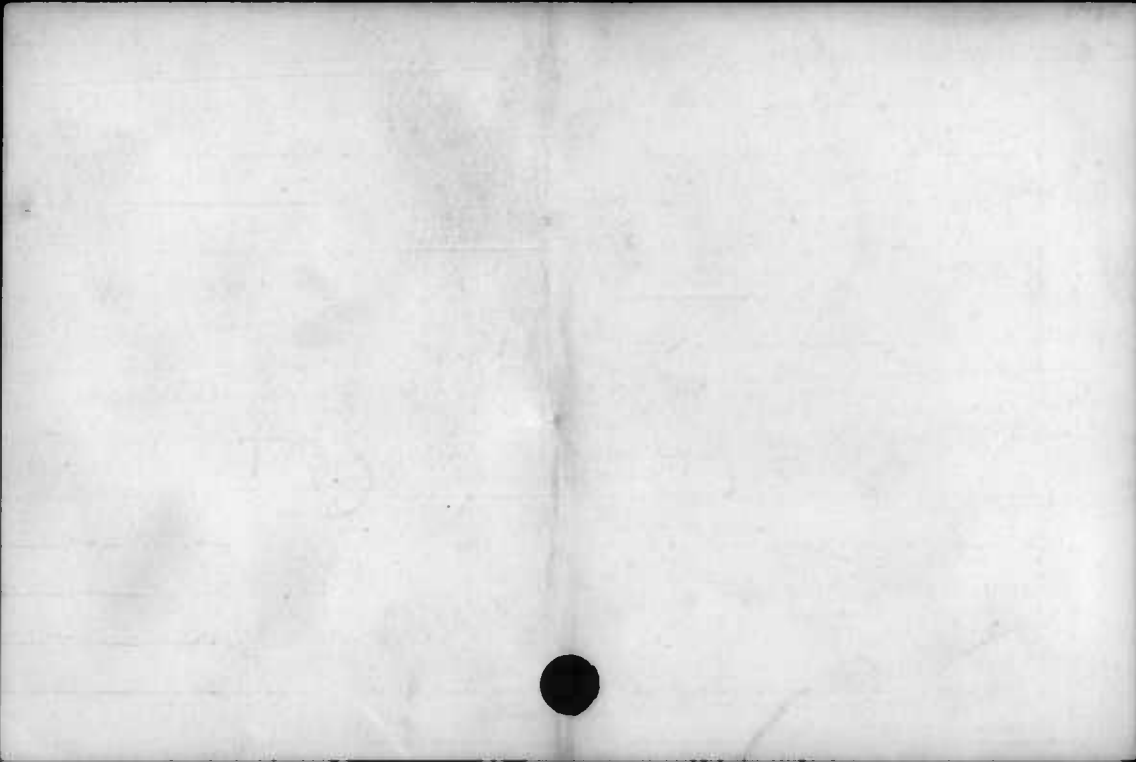
Died at <i>Seat Pleasant</i> <sup>Town</sup> <i>Prince Geo.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>12</i>	Day <i>16</i>	Age <i>3</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>MD</i>	
Occupation <i>none</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>George Gross</i>	Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Dutton</i>	Mother's Birthplace <i>MD</i>		
Name of person giving information <i>George Gross</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Acute Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Asthemia</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sausbury</i>
	Address <i>Irinstville MD</i>
Accident or Suicide? <i>neither</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

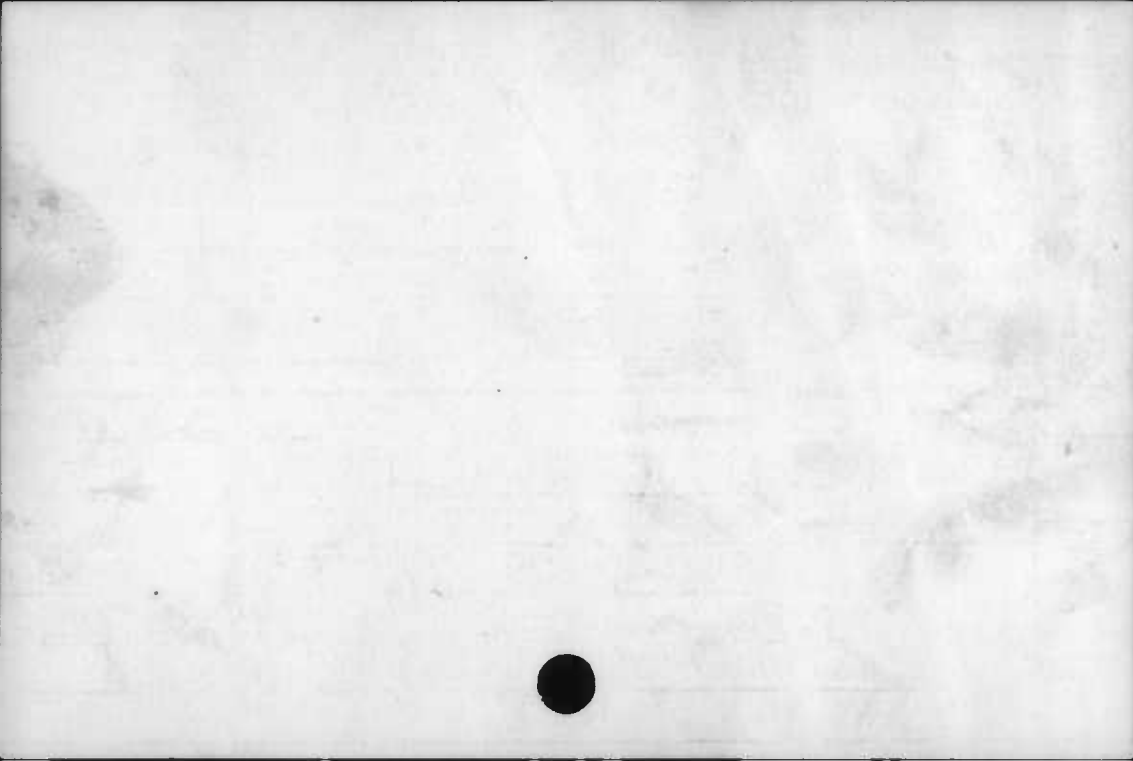
TO BE ANSWERED BY  
NEAREST FRIEND

*John Francis Hall*  
 Died at *Westphalia* <sup>Town</sup> *Prince George* <sup>County</sup> *MARYLAND*  
 Date of death *1908* <sup>Month</sup> *12* <sup>Day</sup> *19* <sup>Years</sup> *1* <sup>Months</sup> *6* <sup>Days</sup> *—*  
 Sex *male* Color or Race *Black* Birth-place *md*  
 Occupation *none* Where Residing if not at place of death *—*  
 Married, Single or Widowed *Single* Name of Wife or Husband *—*  
 Father's Name *John Alfred Hall* Father's Birthplace *md*  
 Mother's Maiden Name *Rosa Hagen* Mother's Birthplace *md*  
 Name of person giving information *John Alfred Hall* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Measles &* How long *1 week*  
 Immediate *Pneumonia* How long *3 days*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John E. Sanborn M.D.*  
*No phys - in attendance* Address *Lortonville Piles md*  
 Accident or Suicide? *neither*





Name  
in  
Full

*Teresa Hammond*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

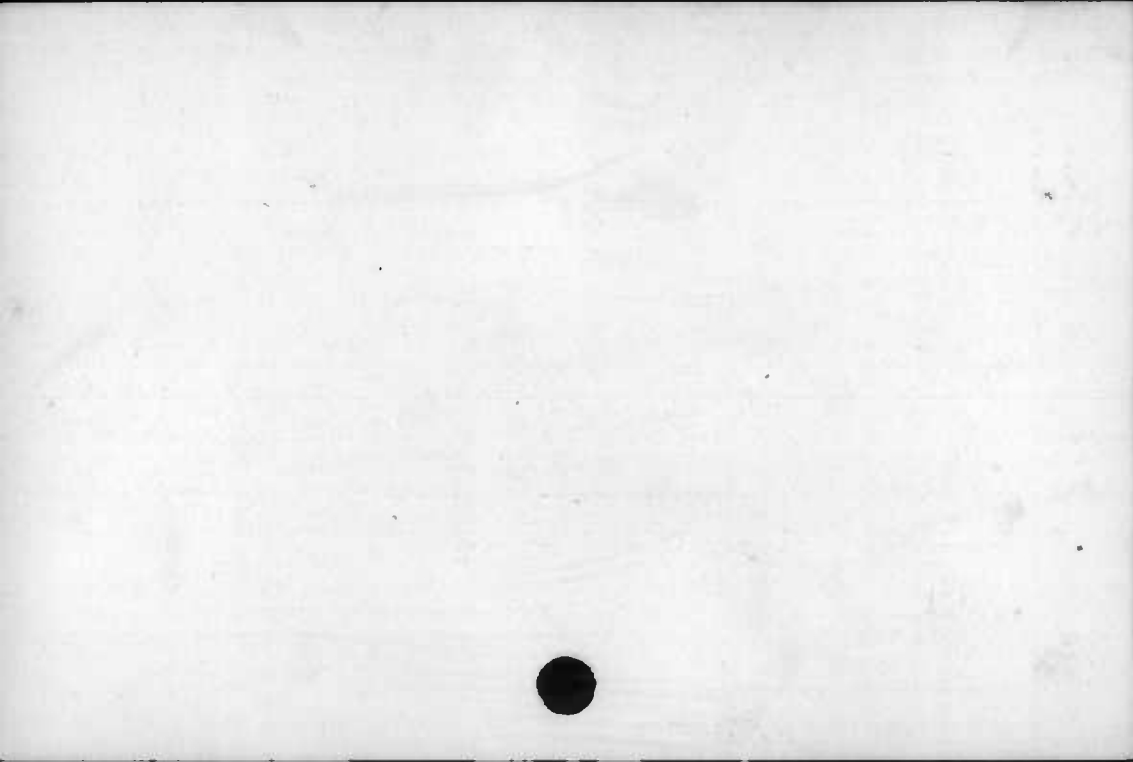
Died at <i>Frederick</i> <sup>Town</sup> <i>Frederick</i> <sup>County</sup> <i>Prince George's</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>10</i>	Age <i>76</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Thailand</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>None</i>		
<del>Married</del> <i>Single</i> or Widowed	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>None</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

**154**

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>12 yrs</i>
Immediate <i>Pulmonary Oedema</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jesse E. Egging</i>
<i>Yes</i>	Address <i>Laurel Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Blandford Harley

Died at Marlboro <sup>town</sup> Pr Geo <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> Dec <sup>Day</sup> 10 Age 4 <sup>Years</sup> 2 <sup>Months</sup> 2 <sup>Days</sup>

Sex Male Color or Race Black Birth-place —

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John W. Harley Father's Birthplace Pr Geo Co

Mother's Maiden Name Buster Mother's Birthplace " "

Name of person giving Information John W. Harley How related to deceased Father

CAUSES OF DEATH

104

How long

PHYSICIAN  
OR CORONER

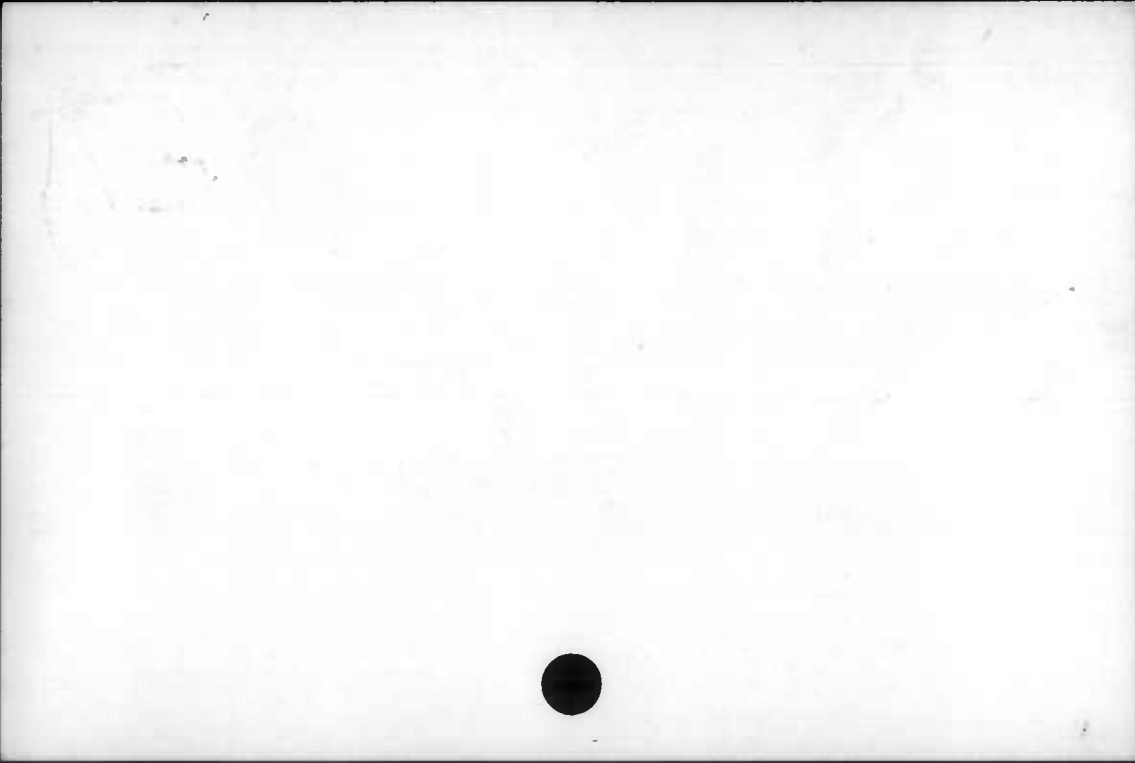
Primary —

Immediate Gastritis How long 3 Mos

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician St. Ignace

Address Upper Marlboro Md

Accident or Suicide —



Name  
in  
Full

Emma Carroll Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marlboro</u> <small>Town</small>		<u>Pg.</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	<u>Dec</u> <small>Month</small>	<u>15</u> <small>Day</small>	<u>40</u> <small>Years</small>	<u></u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Pg. Md</u>
Occupation	<u>Cook</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Wm. Hudson</u>		
Father's Name	<u>Buck Carroll</u>	Father's Birthplace	<u>Pg. Md</u>		
Mother's Maiden Name	<u>Unknown</u>	Mother's Birthplace	<u>Unknown</u>		
Name of person giving Information	<u>Wm. Hudson</u>	How related to deceased	<u>Husband</u>		

CAUSES OF DEATH

20

Primary	<u>Septicemia</u>	How long	<u>4 days</u>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. H. H. H. H.

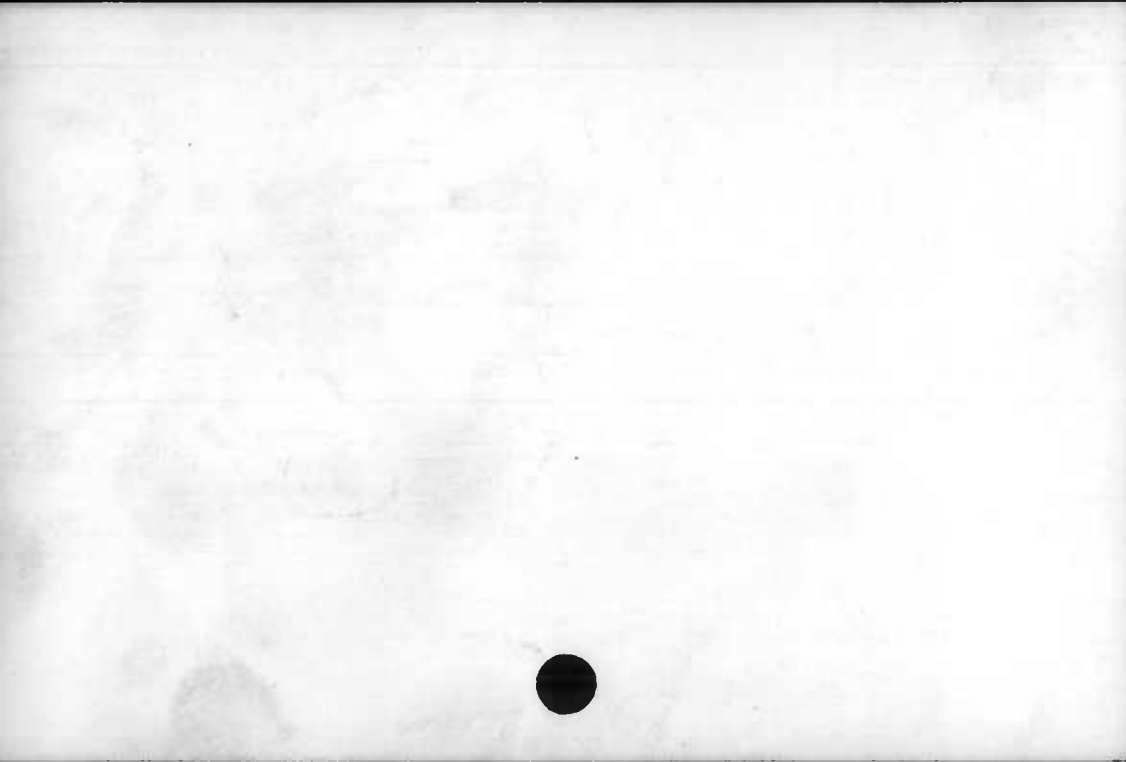
Address

Upper Marlboro

Accident or Suicide

Md

PHYSICIAN  
OR CORONER



Name  
in  
Full

George Hble

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Camp Springs</u> <sup>Town</sup>		<u>D.C.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Dec</u> <sup>Day</sup> <u>6th</u>		Age <u>67</u> <sup>Years</sup>		Months <u>—</u> Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>Beach</u>	Birth-place <u>Ind.</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Home</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Jane Hble</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Hble, no physician</u>		How related to deceased <u>Refused</u>			

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>cholera</u>	How long <u>unknown</u>
Immediate <u>unknown</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Leaning</u>
<u>No physicians</u>	Address <u>Clinton</u>
<u>Accident or Suicide?</u>	





Name  
in  
Full

Infant of John L. and Hattie Holliday.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

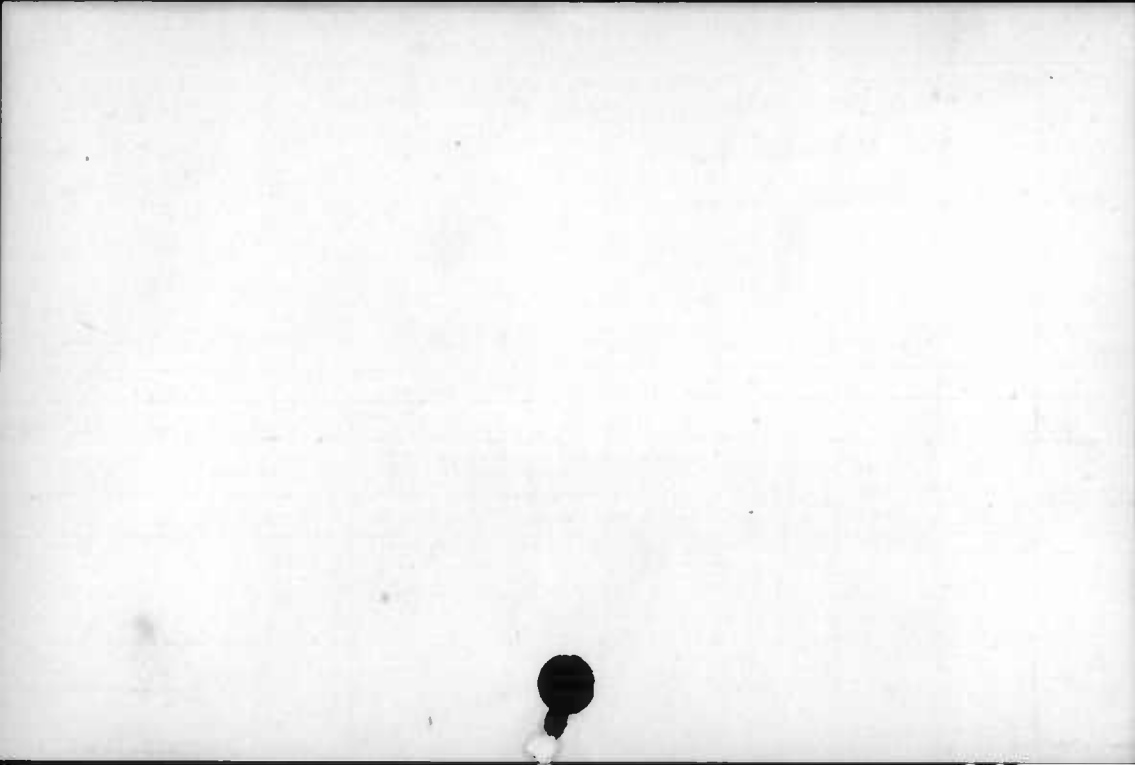
Died at <i>Near Brandywine</i> <sup>Town</sup>		<i>Prince Georges.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>12<sup>th</sup></i>	Day <i>12<sup>th</sup></i>	Years <i>Age Still-born</i>	Months	Days
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Same Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John L. Holliday</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Hattie Greenleaf</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Edward B. Hawkins</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Still-born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Acting Coroner, William H. Squires, Jr.</i> Physician
	Address <i>Brandywine, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

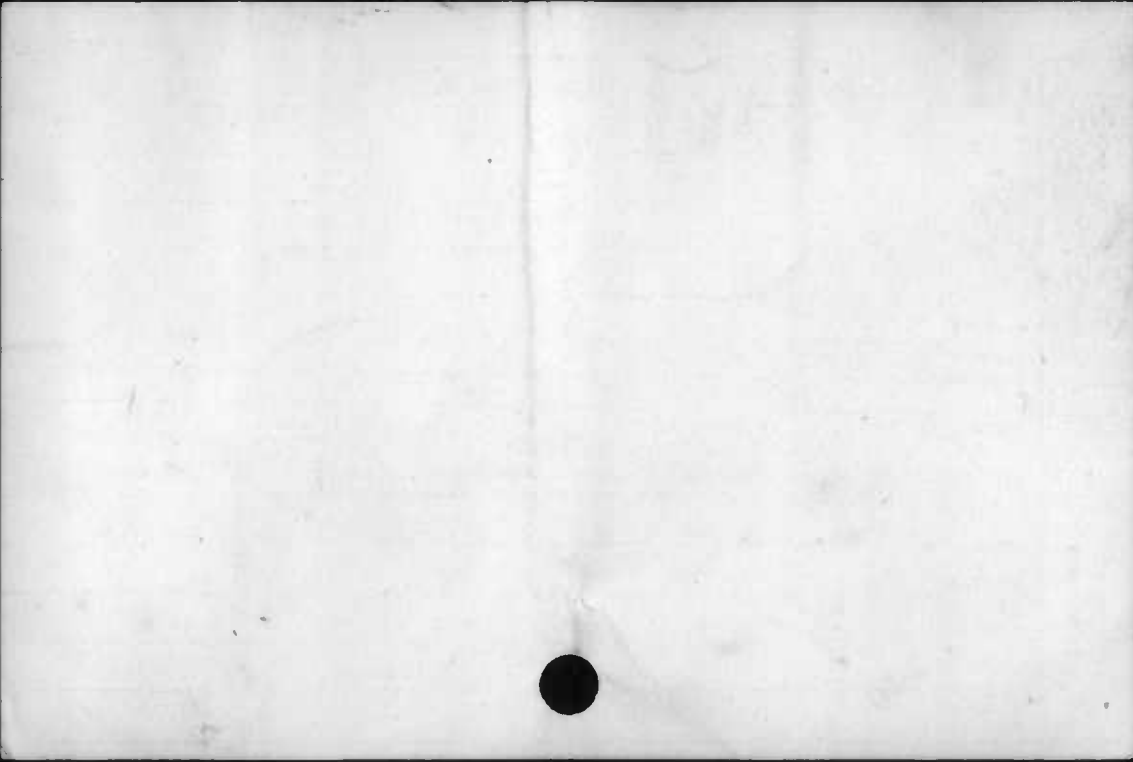
Died at <u>Prindle</u> Town		<u>San Geo</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>1</u>	Age <u>5</u>	Months <u>5</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Prindle</u>		
Occupation <input checked="" type="checkbox"/>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name <u>Henry Johnson</u>			Father's Birthplace <u>Mo</u>		
Mother's Maiden Name <u>Mary Queen</u>			Mother's Birthplace <u>Mo</u>		
Name of person giving information <u>Mary Queen</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	<u>Strangulated Hernia</u>	How long <u>8 hours</u>
Immediate	<u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos S Palmer</u>
		Address <u>Hyattsville</u>
Accident or Suicide?		



Name in Full *Mary Martha Jones*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

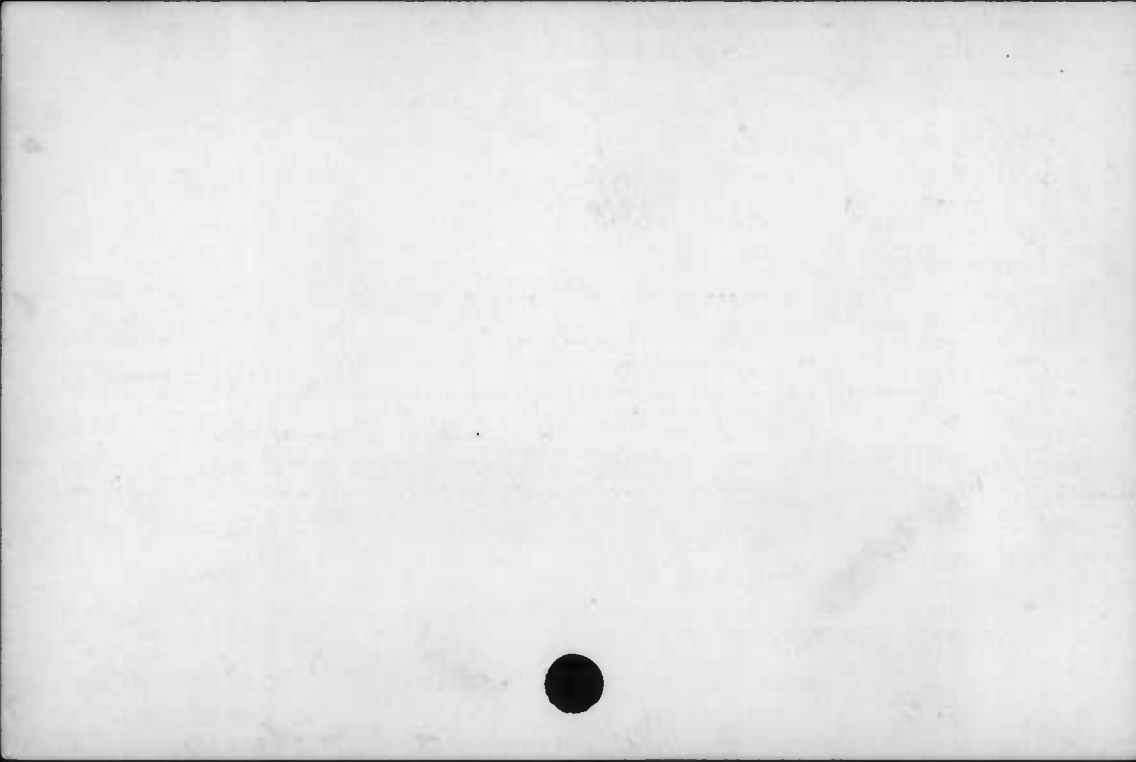
Died at <i>Glenndale</i> <small>Town</small>		<i>Prince George's</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>December</i> <small>Month</small>	<i>Wednesday</i> <small>Day</small>	Age <i>9</i> <small>Years</small>	<i>Months</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>New Glenndale</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Michael Jones</i>	Father's Birthplace <i>Pr George's</i>				
Mother's Maiden Name <i>Marta Robinson</i>	Mother's Birthplace <i>Pr George's</i>				
Name of person giving information <i>Chief Mother</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary <i>Weak lungs &amp; teething</i>	How long <i>3 months</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Robert C. Biscoff</i>
	Address <i>Glenndale Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Frank S. Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

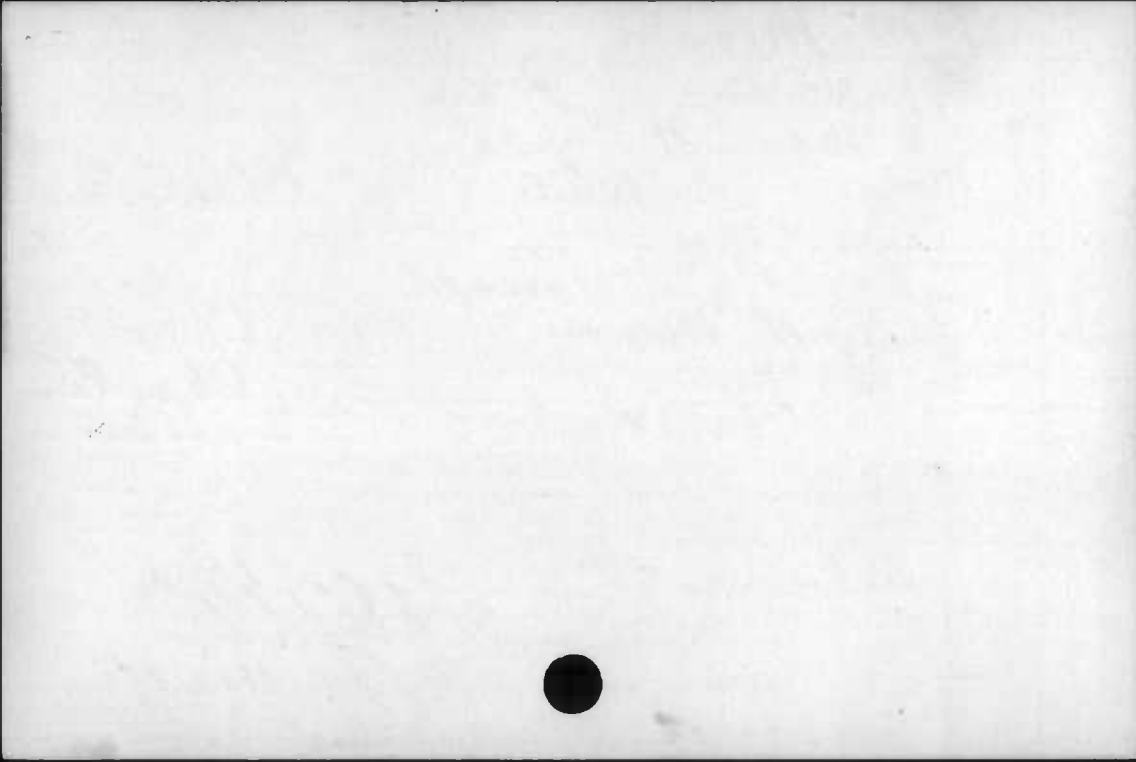
Died at <i>New Glatz</i> <sup>Town</sup>		<i>Punee</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Dec.</i>	Day	<i>23</i>
Age		<i>84</i>		Years	<i>84</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>New Glatz Md</i>		
<del>Married, Single or Widowed</del>		Name of Wife or Husband <i>Mary J. Martin</i>			
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>L. A. Martin</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile debility</i>	How long	<i>2 years</i>
Immediate	<i>Asthenia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. M. Parker M.D.</i>	
Address		<i>Congress Heights D.C.</i>	
Accident or Suicide?			





Name  
in  
Full

H. M. Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

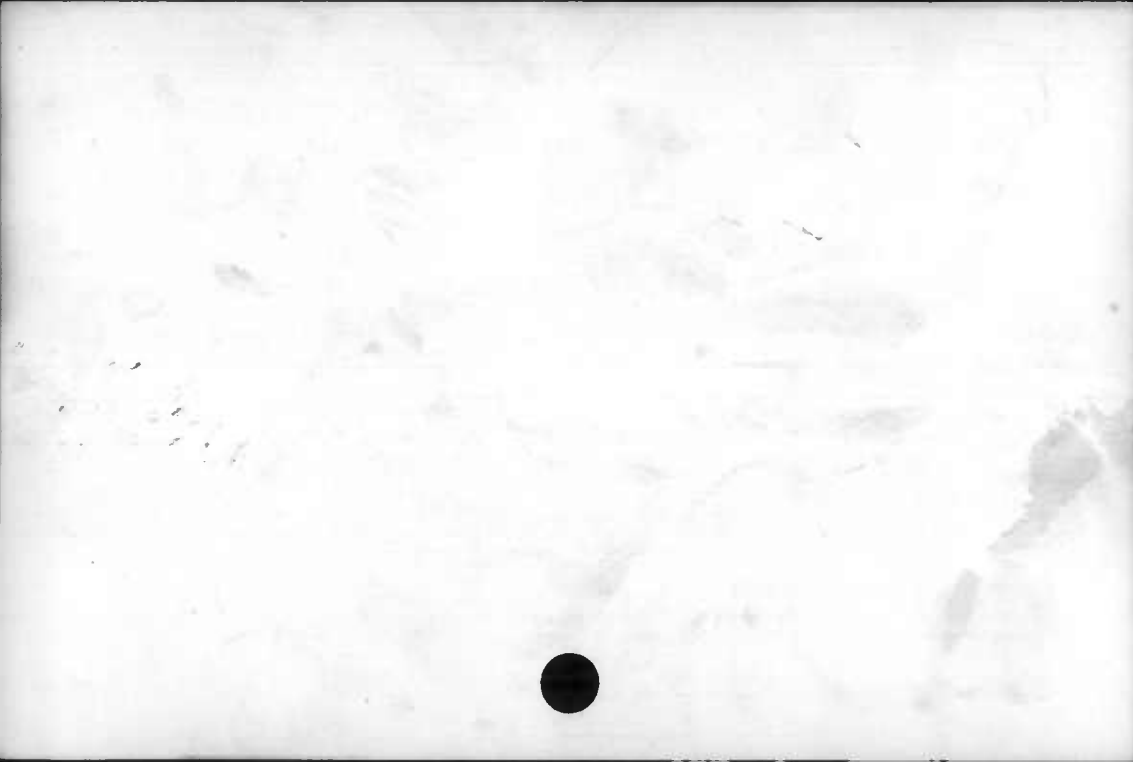
Died at <u>Upper Marlboro.</u>		<u>P. Geo</u> County		MARYLAND	
Date of death	1908	Month	Dec	Day	11
Age		38		Months	—
Sex	Male	Color or Race	White	Birth-place	Chas Co. Md
Occupation	General Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Ball		
Father's Name	John H. Moran		Father's Birthplace	Chas Co. Md	
Mother's Maiden Name	La Marr		Mother's Birthplace	Chas Co.	
Name of person giving Information	Mrs Ruder		How related to deceased	Sister	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	Tuberculosis	How long	1 yr
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide	The patient came under my treatment 1 month ago		



Name  
in  
Full

Frank Morolli

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Town</b> <i>Hyattsville</i>		<b>County</b> <i>Prince George</i>		<b>MARYLAND</b>	
<b>Date</b> of death <b>1908</b> <b>Month</b> <i>Dec</i> <b>Day</b> <i>18</i>		<b>Age</b> <i>about 25</i> <b>Years</b>		<b>Months</b>	<b>Days</b>
<b>Sex</b> <i>Male</i>		<b>Color or Race</b> <i>White</i>		<b>Birth-place</b> <i>Italy</i>	
<b>Occupation</b> <i>Laborer</i>		<b>Where Residing if not at place of death</b> <i>-</i>			
<b>Married, Single or Widowed</b> <i>single</i>		<b>Name of Wife or Husband</b> <i>-</i>			
<b>Father's Name</b> <i>not known</i>		<b>Father's Birthplace</b> <i>Italy</i>			
<b>Mother's Maiden Name</b> <i>not known</i>		<b>Mother's Birthplace</b> <i>Italy</i>			
<b>Name of person giving information</b> <i>as far as known Ernest Gault</i>		<b>How related to deceased</b> <i>no relation</i>			

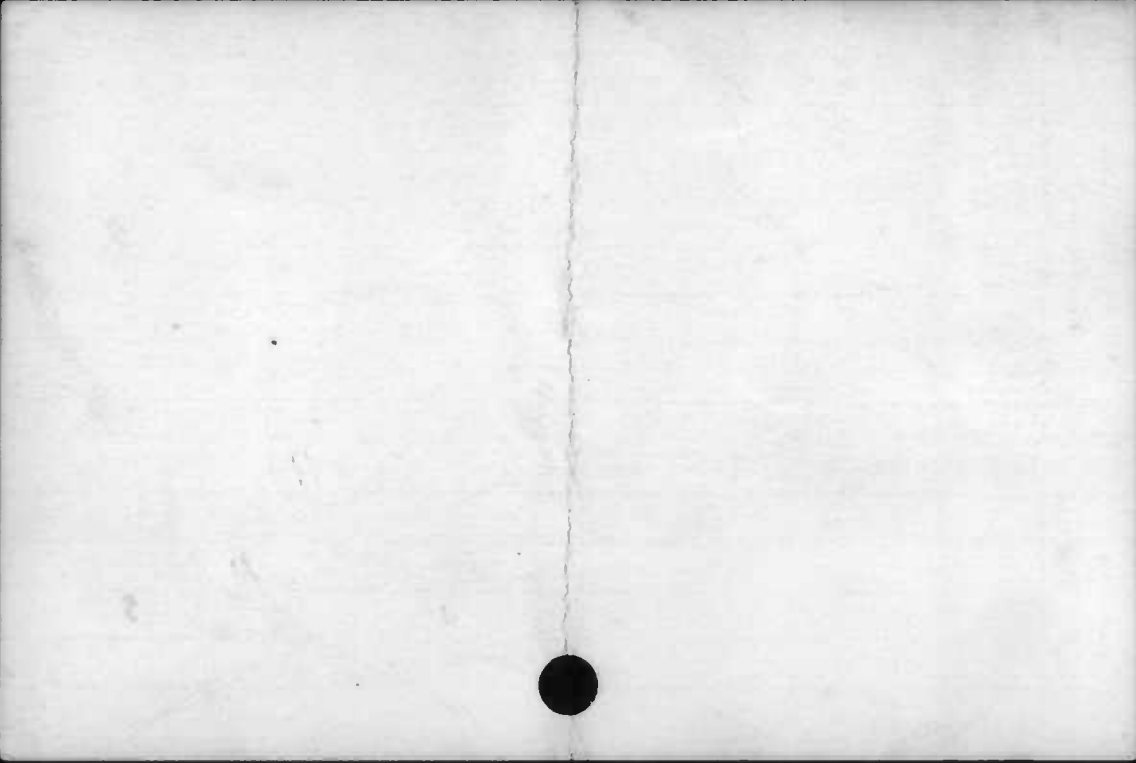
Pure negligence on part of deceased.

## CAUSES OF DEATH

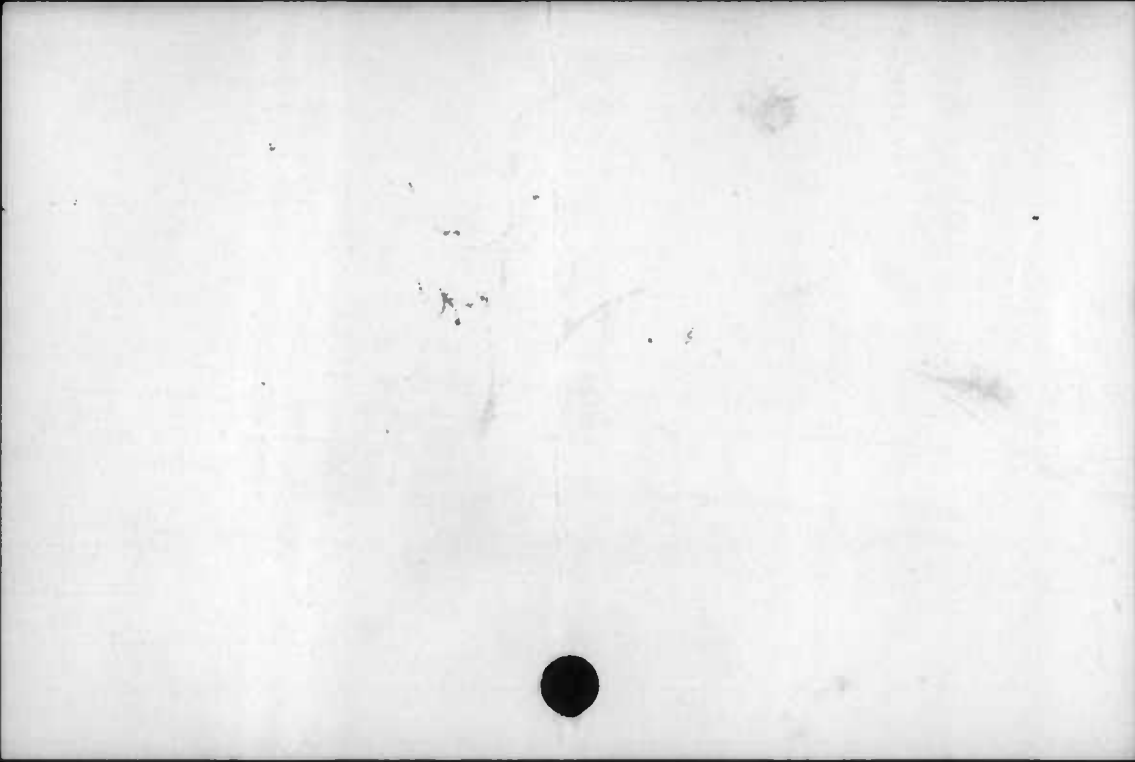
171

PHYSICIAN  
OR CORONER

<b>Primary</b> <i>electrocuted - failure to use rubber gloves while extinguishing switchboard lights; occurring in switchboard room in Hyattsville.</i>	<b>How long</b>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>as far as known</i>	<b>How long</b>
<b>Insulation perfect. Man placed</b>	<b>Signature of Physician</b> <i>Arthur, Corr [Coroner]</i>
<b>Accident or Suicide?</b> <i>his hand on bare copper plug.</i>	<b>Address</b> <i>Hyattsville Md</i>



Name in Full <b>Annie Mueller</b>		CERTIFICATE OF DEATH	
Died at <b>Capitol Heights</b> <small>Town</small>		<b>Prince George</b> <small>County</small>	
Date of death <b>1908</b> <small>Year</small> <b>Dec</b> <small>Month</small> <b>24</b> <small>Day</small>		<b>73</b> <small>Years</small> <b>8</b> <small>Months</small> <b>28</b> <small>Days</small>	
Sex <b>Female</b>		Color or Race <b>white</b>	
Occupation <b>housewife</b>		Birth-place <b>Germany</b>	
Where Residing if not at place of death			
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Rudolph Mueller</b>	
Father's Name <b>Reinhold Zick</b>		Father's Birthplace <b>Germany</b>	
Mother's Maiden Name <b>not known</b>		Mother's Birthplace <b>not known</b>	
Name of person giving information <b>Annie Widneer</b>		How related to deceased <b>Daughter</b>	
CAUSES OF DEATH			
Primary <b>Contracted Croup</b>		How long <b>one week</b>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Augustus H. Doble</b>	
		Address <b>Bladensburg, Md.</b>	
Accident or Suicide? <b>Natural Cause</b>		<b>md</b>	



Name  
in  
Full

*Infant Noah Raphael Henry*

CERTIFICATE OF DEATH

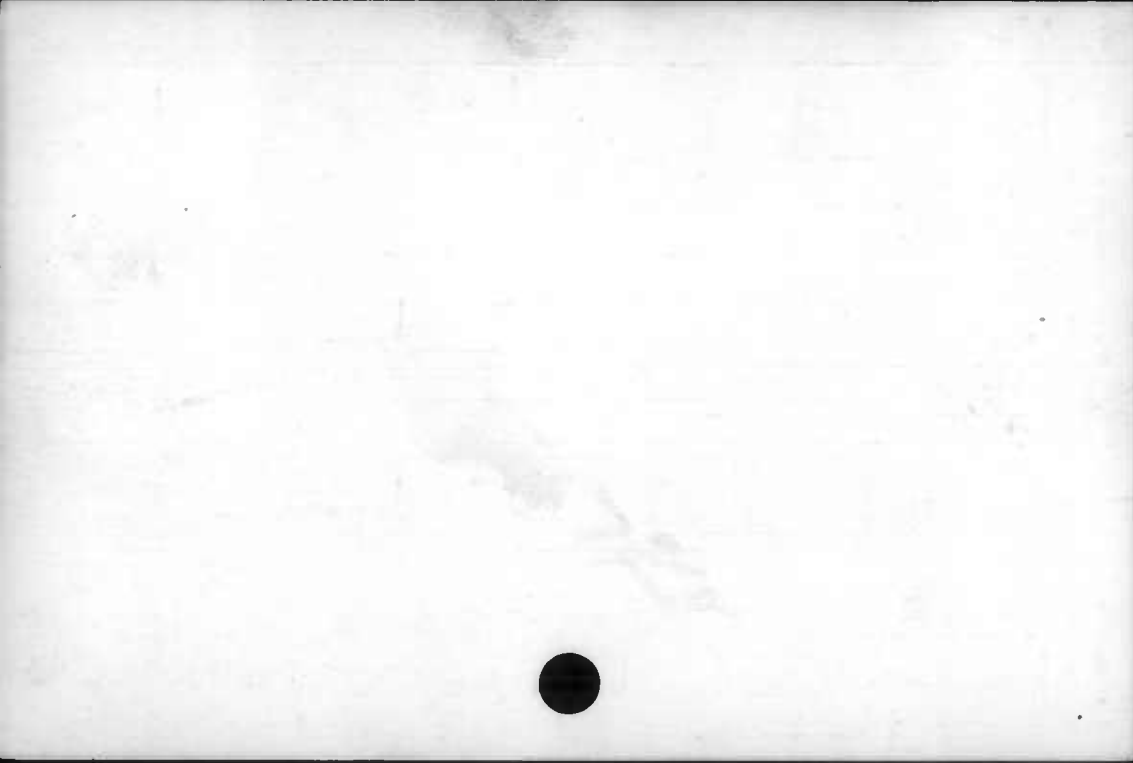
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bowin</i> Town <i>Prince Georges</i> County		MARYLAND	
Date of death <i>1908 Dec 17th</i>	Month <i>Dec</i>	Day <i>17th</i>	Age <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Bowin Md</i>	Months <i>—</i> Days <i>25</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>Bowin Md</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>+</i>		
Father's Name <i>Harry Henry</i>	Father's Birthplace <i>Palmersburg Md</i>		
Mother's Maiden Name <i>Laura Whitehead</i>	Mother's Birthplace <i>Lanier Md</i>		
Name of person giving Information <i>R H White</i>	How related to deceased <i>not related</i>		

CAUSES OF DEATH

Primary <i>Natural Causes</i>	How long <i>+</i> <i>+</i>
Immediate	How long <i>+</i> <i>+</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R L Mullikin</i>
	Address <i>Collington Md</i>
Accident or Suicide	<i>acting Coroner</i>

PHYSICIAN  
OR CORONER





Name  
in  
Full

Millie Nichols

## CERTIFICATE OF DEATH

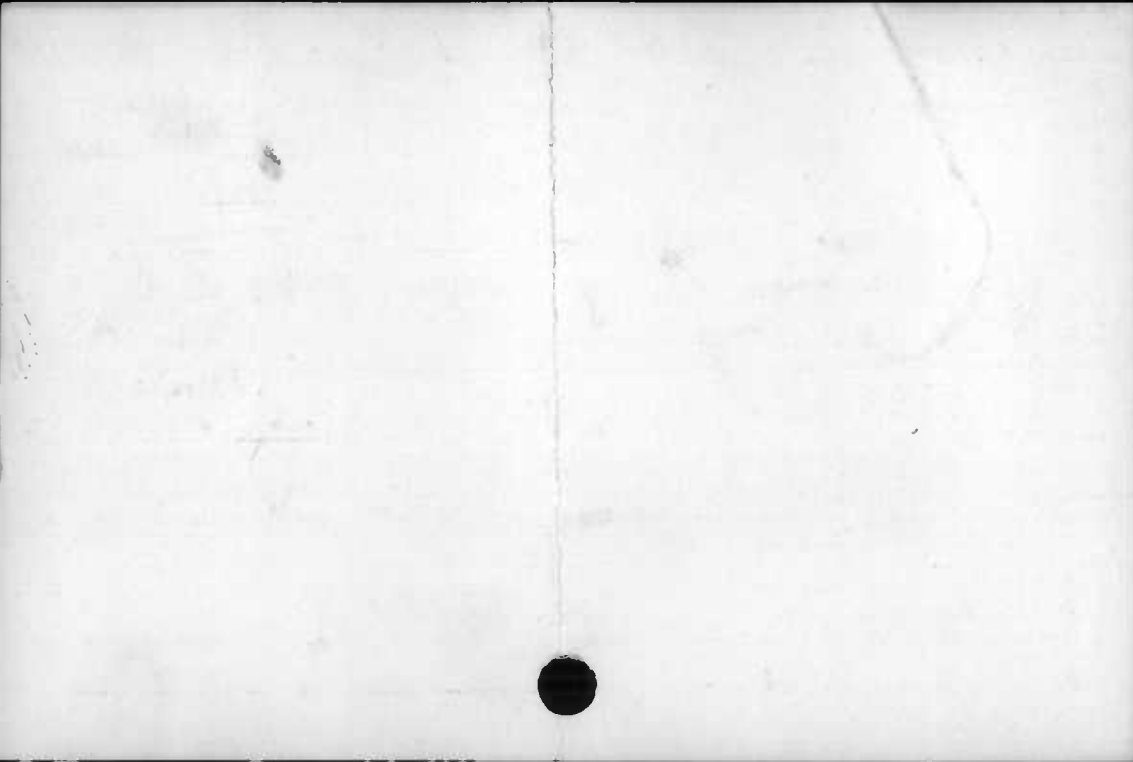
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Forestville* <sup>Town</sup> *P. O.* <sup>County</sup>Date of death *1908* <sup>Month</sup> *12* <sup>Day</sup> *3* <sup>Years</sup> *100* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *Black* Birth-place *Md*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *widow* Name of ~~Wife~~ or Husband *Aaron Nichols*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *unknown* Mother's Birthplace *unknown*Name of person giving information *Scott Armstrong* How related to deceased *none*

## CAUSES OF DEATH

*66*  
How long *5 yrs*Primary *Paralysis* How long *5 yrs*Immediate *old age* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *John S. Sausbury M.D.*Address *Forestville*Accident or Suicide? *Neither* *Md*PHYSICIAN  
OR CORONER



Name  
in  
Full

Sophia Nicholson

CERTIFICATE OF DEATH

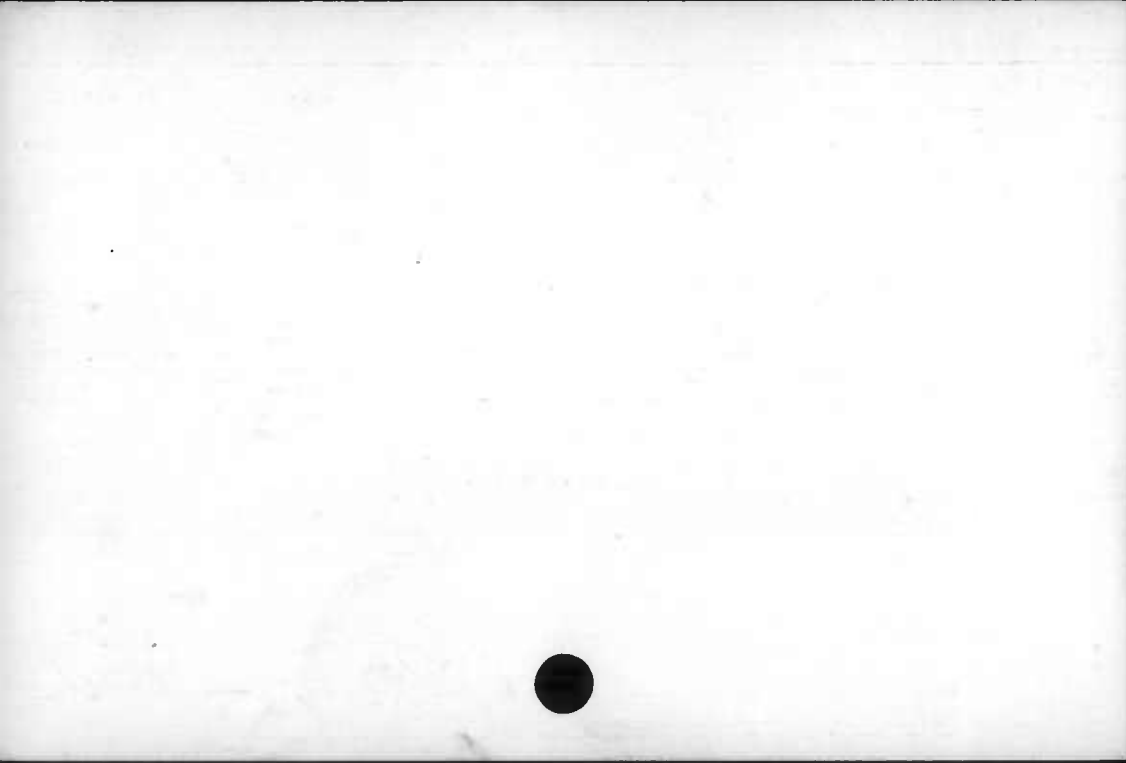
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bowie</u> <sup>Town</sup>		<u>Prince George</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup> <u>Dec</u> <sup>Day</sup> <u>29</u>		Age <u>83</u> <sup>Years</sup>		<u>7</u> <sup>Months</sup> <u>0</u> <sup>Days</sup>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u></u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Thomas J. Nicholson</u>			
Father's Name <u>James Sandford</u>		Father's Birthplace <u>Virginia</u>			
Mother's Maiden Name <u>Ellen Clark</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>J. J. Nicholson</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. L. Mullikin J.P.</u>	
		Address <u>Coleington Md</u>	
Accident or Suicide			



Name  
in  
Full

Peter M Novik

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

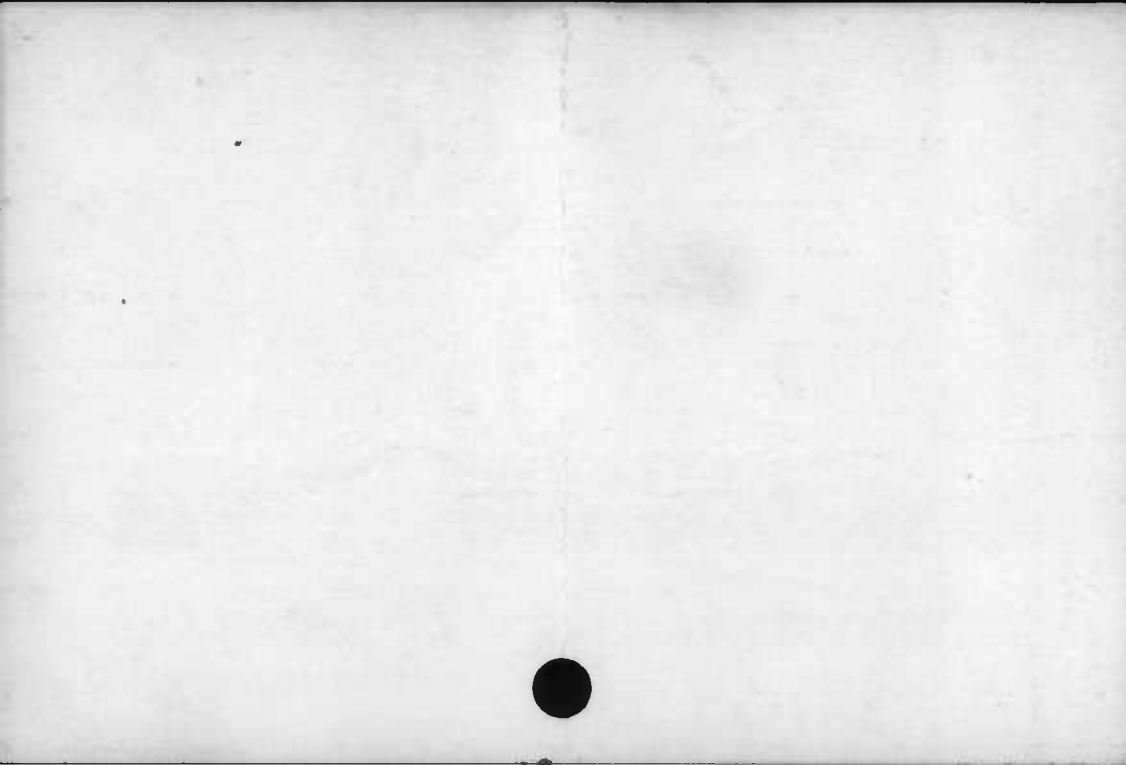
Died at		Hyattsville <sup>Town</sup>		Prince George <sup>County</sup>		MARYLAND	
Date of death		1908	Month	Dec	Day	8	Age
				Years		33	Months
				Days			
Sex		Male		Color or Race		White Norwegian	
Birth-place				Christiania		Norway	
Occupation				Where Residing if not at place of death			
Instructor at M. A. C.							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Dont know		Father's Birthplace		Norway	
Mother's Maiden Name		dont know		Mother's Birthplace		Norway	
Name of person giving information		John Douglas Wade		How related to deceased		Friend	

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	Killed by train on B & O R.R.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes,	
Signature of Physician		Arthur Carr Coroner	
Address		Hyattsville Md	
Accident or Suicide?			



Name  
in  
Full

Annie E. Shaw

## CERTIFICATE OF DEATH

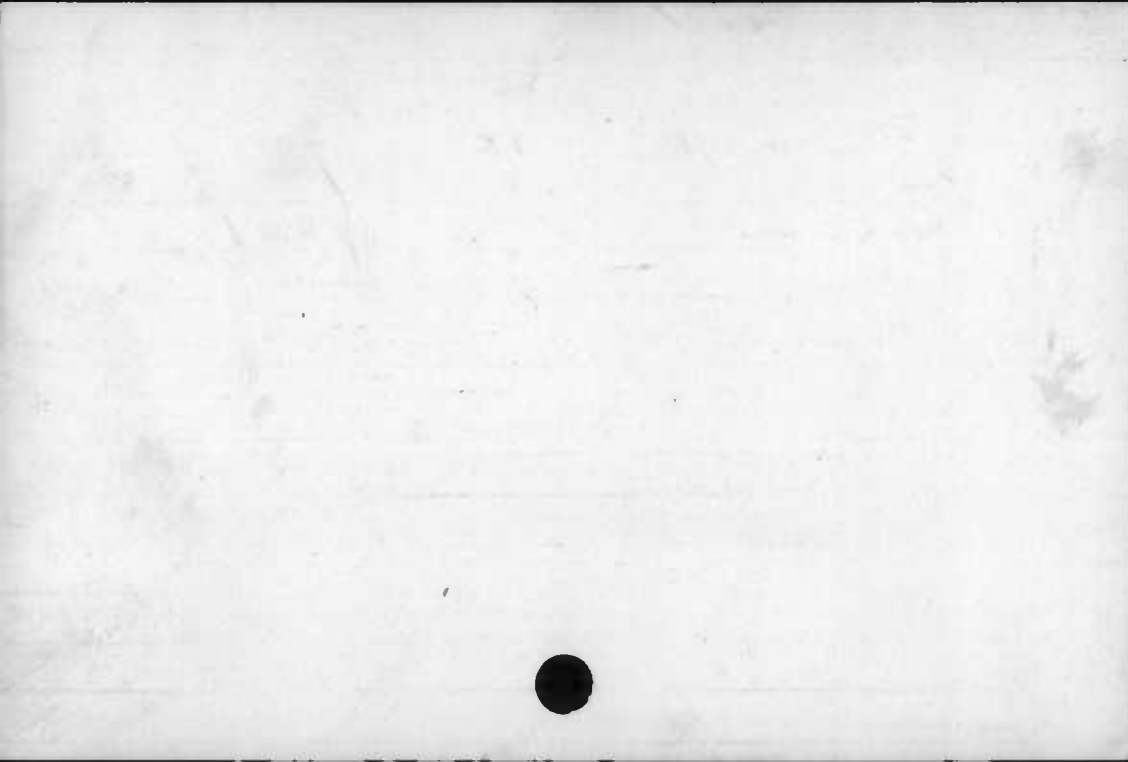
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	Dec.	Day	15	Age	48
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Lanesh Md.	
Where Residing if not at place of death		at home					
Married, Single or Widowed		Married		Name of Wife or Husband			
Fether's Name		Thos. L. Fairall		Father's Birthplace		Md.	
Mother's Maiden Name		Maria A. Baldwin		Mother's Birthplace		Md.	
Name of person giving information		Wm. A. Fairall		How related to deceased		Brother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac. mtrles	How long	79	10 min
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yr		Th. R. R. R. R.		
Yr		Address		
Accident or Suicide?		Lanesh ms		





Name  
in  
Full

Buster T. Sweeney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> River View<sup>County</sup> Pr Geo

Date of death 1908

Month 12

Day 17

Age

Years

Months

Days

Sex Male

Color or Race

White

Birthplace

D.C.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Lake T. Sweeney

Father's Birthplace

Md.

Mother's Maiden Name

Laura Fletcher

Mother's Birthplace

D.C.

Name of person giving information

Lake T. Sweeney

How related to deceased

Father

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

Marasmus

How long

3 mo -

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

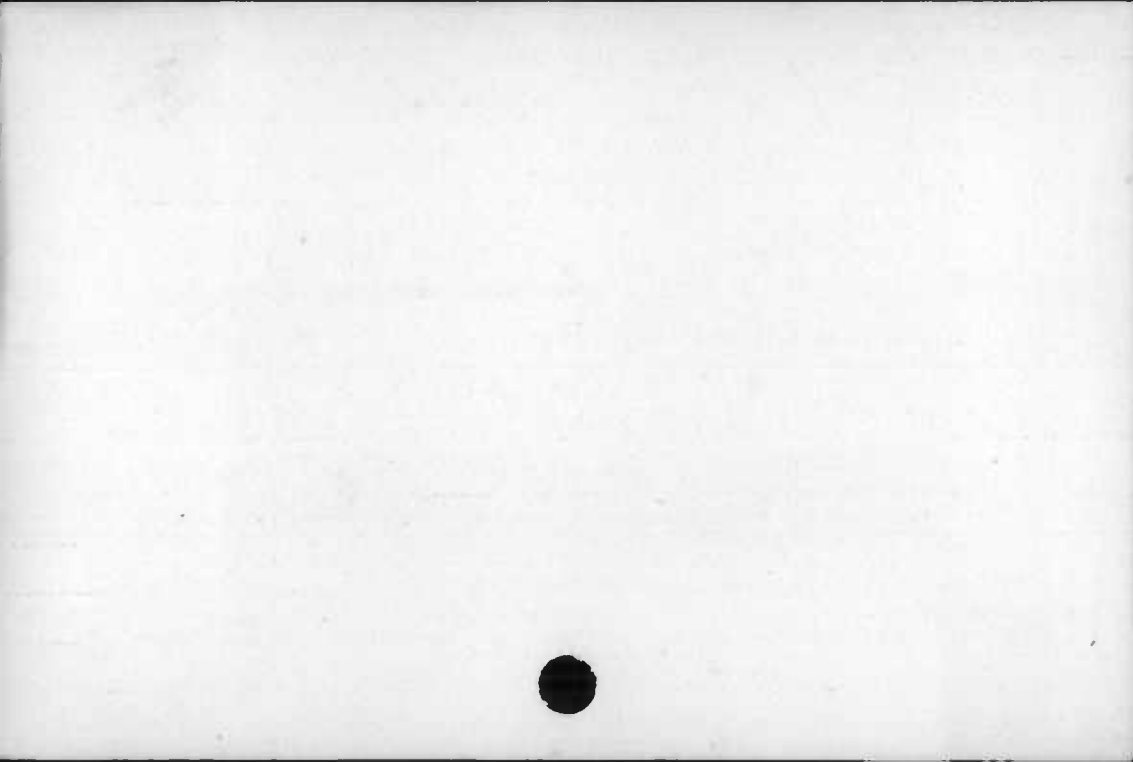
yes

Signature of Physician

Address

E. P. Simpson  
Rosecroft, Md.

Accident or Suicide?



Name  
in  
Full

Rob't - Taylor

CERTIFICATE OF DEATH

Died at

Marlboro

County

Prince George's

MARYLAND

Date

of death 1908 Dec

Month

Day

Age 28

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Prince George's

Occupation

None

Where Residing if not  
at place of death

Married, Single

~~Widowed~~

Married

Name of Wife or  
Husband

India Carr  
~~Sarah E. Taylor~~

Father's  
Name

John R. Taylor

Father's  
Birthplace

Calvert Co

Mother's  
Meiden Name

Sarah Maxwell

Mother's  
Birthplace

Calvert Co

Name of person giving  
Information

John R. Taylor

How related  
to deceased

Father

CAUSES OF DEATH

10

Primary

Influenza

How long

Not known

Immediate

Pulmonary Hemorrhage

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Maclean Sawood MD

Address

West River  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Matt Trent.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Seat Pleasant		Hughes		Prince George			
Date of death	1908	Month	Dec.	Day	11	Age	15
						Months	1
						Days	19
Sex	male		Color or Race	white		Birth-place	Wash. D.C.
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	John Ely Trent					Father's Birthplace	Virginia
Mother's Maiden Name	Lou Trent					Mother's Birthplace	Virginia
Name of person giving information	John E. Trent					How related to deceased	Father

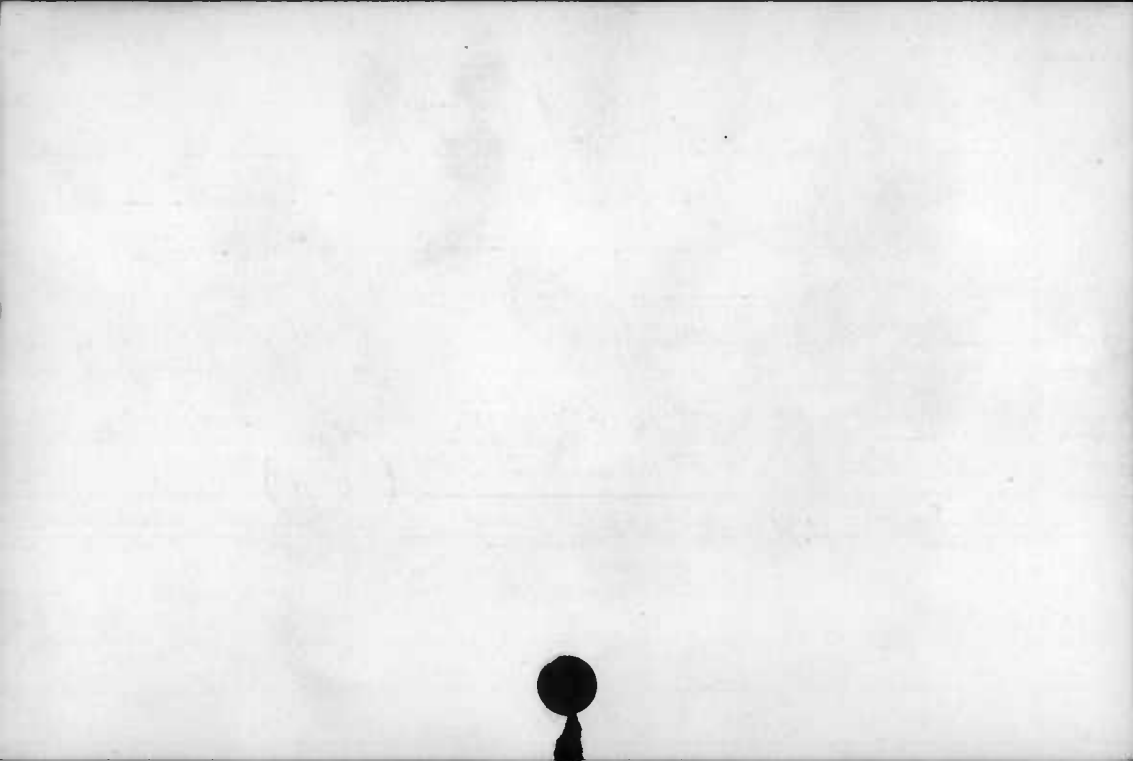
## CAUSES OF DEATH

Primary	Diabetes Mellitus	How long	50	20 mos.
Immediate	Coma	How long		30 days.
Are the name, age, sex, color, date and place correctly given above?		yes.		
Signature of Physician		W. J. Saunders		
Address		512 E. Cap. St. 1		
		Washington, D.C.		
Accident or Suicide?				

PHYSICIAN  
OR CORONER



Name in Full		Bettie West				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at	Lutland		P. M.		County		MARYLAND	
	Date of death	1908	Month 12	Day 22	Age 42	Years	Months	Days	
	Sex	Female		Color or Race	White		Birth-place	Ca	
	Occupation	Housework			Where Residing if not at place of death				
	Married, <del>Yes</del>	Name of Wife or Husband		A. M. West					
	Father's Name	Unknown					Father's Birthplace	Unknown	
	Mother's Maiden Name	//					Mother's Birthplace	//	
PHYSICIAN OR CORONER	Name of person giving information		CAUSES OF DEATH		(64)		How related to deceased		
	Primary	Cerebral hemorrhage				How long		2 da	
	Immediate	Exhaustion				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. A. Watson		
				Address		Anacostia D.C.			
Accident or Suicide?									





Name  
in  
Full

Ella Wood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Banri</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>Dec</u>	Day <u>12</u>	Age <u>9</u> Years	Months <u>9</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Banri Ind.</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Wm. E. Banri</u>			Father's Birthplace <u>P. G. Ind.</u>		
Mother's Maiden Name <u>Antine Wood</u>			Mother's Birthplace <u>P. G. Ind.</u>		
Name of person giving information <u>Wm. E. Wood</u>			How related to deceased <u>Grand Father</u>		

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary	<u>Whooping Cough</u>	How long <u>8 weeks</u>
Immediate	<u>Complications</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. L. Durrall M.D.</u>
		Address <u>Springfield Ind.</u>
Accident or Suicide? <u>No</u>		

